The 1364C captures an offeror's proposed interest rate and amortization period for the tenant improvements, in addition to the lessor's overhead fees.

The Succeeding and Superseding Lease Model uses GSA Form 1364D. These leases are negotiated with the existing lessor after advertisements and cost benefit analyses result in a determination that such a lease is in the best interests of the government. The form has less data input required than for a Standard lease; it also includes current rental rate information, supplied by the Government.

The 1364A–1, 1364B, and 1364C summarize an offeror's technical compliance with some important statutory and regulatory requirements to make the overall offer process easier for offerors to understand (e.g., accessibility and seismic standards, flood plain compliance, asbestos). The 1364C also limits the collection of tenant improvement overhead fees to the architect/engineering fees and lessor's project management fees. A notice was published in the **Federal Register** at 78 FR 303, on January 3, 2013. No comments were received.

**B. Annual Reporting Burden**

*Respondents:* 3565.

*Responses per Respondent:* 1.

*Total Responses:* 3565.

*Hours per Response:* 2.4238 (average).

*Total Burden Hours:* 8641.

*Obtaining Copies of Proposals:* Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat, 1275 First Street NE., Washington, DC 20417, telephone (202) 501–4755. Please cite OMB Control No. 3090–0086, GSA Form 1364, Proposal to Lease Space, in all correspondence.

Dated: March 20, 2013.

**Joseph A. Neurauter,**

*Director, Office of Acquisition Policy & Senior Procurement Executive (MV).*

[FR Doc. 2013–07249 Filed 3–27–13; 8:45 am]

**BILLING CODE 6820–61–P**

## GENERAL SERVICES ADMINISTRATION

**[Notice-FTR 2013–01; Docket 2013–0002; Sequence 7]**

### Maximum Per Diem Rates for the States of Oklahoma and Texas

**AGENCY:** Office of Governmentwide Policy (OGP), General Services Administration (GSA).

**ACTION:** Notice of Per Diem Bulletin 13–04, revised continental United States (CONUS) per diem rates.

**SUMMARY:** The General Services Administration (GSA) has conducted its mid-year review and has determined that the per diem rates for certain locations in the States of Oklahoma and Texas are inadequate.

**DATES:** *Effective date:* This notice is effective April 1, 2013 and applies to travel performed on or after April 1, 2013.

**FOR FURTHER INFORMATION CONTACT:** For clarification of content, please contact Ms. Jill Denning, Office of Governmentwide Policy, Office of Asset and Transportation Management, at 202–208–7642, or by email at *travelpolicy@gsa.gov.* Please cite Notice of FTR Bulletin 13–04.

**SUPPLEMENTARY INFORMATION:**

**A. Background**

After an analysis of the per diem rates established for FY 2013 (see the **Federal Register** notice at 77 FR 54578, September 5, 2012, and FTR Bulletin 13–01), non-standard area per diem rates are being established for the following locations:

*State of Oklahoma*

- Garfield County

*State of Texas*

- Midland County

CONUS per diem rates are published as FTR per diem bulletins available on the Internet at *www.gsa.gov/perdiem* and *www.gsa.gov/bulletins.* This process ensures timely notice of increases or decreases in per diem rates established by GSA for Federal employees on official travel within CONUS. Notices published periodically in the **Federal Register**, such as this one, now constitute the only notification of revisions in CONUS per diem rates to agencies.

Dated: March 22, 2013.

**Craig J. Flynn,**

*Acting Deputy Director, Office of Asset and Transportation Management, Office of Governmentwide Policy.*

[FR Doc. 2013–07243 Filed 3–27–13; 8:45 am]

**BILLING CODE 6820–14–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

**[Document Identifier HHS–OS–19158–60D]**

### Agency Information Collection Activities; Proposed Collection; Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before May 28, 2013.

**ADDRESSES:** Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690–6162.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS–OS–19158–60D for reference.

*Information Collection Request Title:* Doing It For Ourselves (DIFO) Program.

*Abstract:* The Office of Women's Health (OWH) and the Department of Health and Human Services (HHS) Coordinating Committee on Lesbian, Gay, Bi-sexual and Transgender (LGBT) Issues have prioritized the collection of health data on LGBT populations. In response, OWH funded an initiative to identify and test effective and innovative ways of reducing obesity in lesbian and bisexual women. The DIFO intervention has been developed in San Francisco to address what is known about local LB women's community norms, common barriers to health, patterns of physical and mental health access, and preferences for health services and health outcomes. The evaluation of the DIFO program will address the following research question: Does an intervention based on an ecological model of LB women's health result in improved health, as defined by: quality of life, decreased weight, improved nutrition, and increased physical activity? The project is scheduled for one year.

*Need and Proposed Use of the Information:* Addresses barriers to health for the LB community, and promotes overall health and wellbeing. The intervention will incorporate community-identified weight loss/risk reduction needs of this population. Following the completion of the surveys and interventions, collected data will be used to develop increased health-related services and activities for LB women, web-based tools and materials for LB women, increased community recreation resources inclusive of sexual minority women.

*Likely Respondents:* Lesbian and bi-sexual women forty years of age and older.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

| Forms | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---|---|---|---|---|
| Screening Tool | 300 | 1 | 5/60 | 25 |
| Informed Consent Form | 256 | 1 | 5/60 | 21 |
| Baseline Survey | 128 | 1 | 5/60 | 11 |
| Baseline Comparison Survey | 128 | 1 | 5/60 | 11 |
| 9 Month Follow-up Survey | 128 | 1 | 5/60 | 11 |
| 9- Month Follow-Up Comparison Survey | 128 | 1 | 5/60 | 11 |
| End-of-Program Focus Group | 128 | 1 | 1 | 128 |
| Total | | | | 218 |

OS specifically requests comments on (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.

**Keith A. Tucker,**

*Information Collection Clearance Officer.*

[FR Doc. 2013–07144 Filed 3–27–13; 8:45 am]

**BILLING CODE 4150–33–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day-13–13OE]**

### 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 404–639–7570 or send comments to Ron Otten, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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**

Cytology Workload Assessment and Measure—New—Office of Surveillance, Epidemiology and Laboratory (OSELS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC provides technical guidance to the Department of Health and Human Services (HHS) in coordination with the Centers for Medicare & Medicaid Services (CMS) and the Food and Drug Administration (FDA) for the implementation of the Clinical Laboratory Improvement Amendments (CLIA). The Clinical Laboratory Improvement Amendments of 1988 directed the Secretary of Health and Human Services to establish the maximum number of cytology slides that any individual may screen in a 24 hour period; to establish certain quality assurance standards; to set personnel standards; and to provide for periodic proficiency testing of cytotechnologists and pathologists involved in screening and interpreting cytological preparations. The regulations implementing CLIA, published in the **Federal Register** of February 28, 1992, established that the maximum number of slides examined by an individual in each 24 hour period was not to exceed 100 slides and could not be examined in less than an eight-hour day. The regulation further established that the technical supervisor is required to evaluate the performance of cytotechnologists at least every six months and determine their individual maximum daily workload limit. CDC requests OMB approval to collect information on cytology workload practice assessment through a survey on workflow and performance practices of cytotechnologists. Clearance is being requested for one year.

In 1992, when the regulation was published, all Pap slides were conventional ''Pap smears.'' In a conventional Pap smear, samples are smeared directly onto a glass