

## B. Solicitation of Public Comment

Respondents are encouraged to offer their views on the following questions:

1. Is the current lack of a clear mechanism for the procurement of order-level materials a deterrent from using the FSS program? If so, how?
2. What potential challenges exist for FAS where order-level materials and the FSS program are concerned? How can these be addressed?
3. What kinds of processes and procedures are in place for the procurement of order-level materials under other multiple-award IDIQ contract vehicles? Can these be applied to the FSS program as-is, or are there special considerations FAS needs to address? If possible, please provide specific examples from multiple-award IDIQ contract vehicles that could serve as a good example of the kind of processes and procedures needed for the efficient and effective use of order-level materials.
4. If FAS were to implement clear processes and procedures for the acquisition of order-level materials under the FSS program, is there the potential for administrative cost savings? If so, please elaborate.
5. If FAS were to implement clear processes and procedures for the acquisition of order-level materials under the FSS program, would it provide increased flexibility to contractors to provide total solutions to Government requirements? Are there any additional benefits for small businesses, in particular?
6. What kind of risk management controls are needed to ensure efficient and effective use of order-level materials under the FSS program?

Dated: January 8, 2014.

**Houston W. Taylor,**

*Acting Senior Procurement Executive,  
General Services Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Breast and Cervical Cancer Early Detection and Control Advisory Committee (BCCEDCAC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

*Time and Date:* 9 a.m.–12 p.m., Eastern Standard Time, February 3, 2014.

*Place:* Teleconference.

Teleconference login information is as follows: For Participants: TOLL-FREE PHONE #: 888-989-8135 Participant passcode: 4798.

For Participants: URL: <https://www.mymeetings.com/nc/join/Conference> number: PW3674736. Audience passcode: 4798.

Participants can join the event directly at: <https://www.mymeetings.com/nc/join.php?i=PW3674736&p=4798&t=c>

There is also a toll free number for anyone outside of the USA: TOLL #: 1-203-827-7034, Participant passcode: 4798.

*Status:* Open to the public, limited only by the net conference and audio phone lines available.

*Purpose:* The committee is charged with advising the Secretary, Department of Health and Human Services, and the Director, CDC, regarding the early detection and control of breast and cervical cancer. The committee makes recommendations regarding national program goals and objectives; implementation strategies; and program priorities including surveillance, epidemiologic investigations, education and training, information dissemination, professional interactions and collaborations, and policy.

*Matters To Be Discussed:* The agenda will include the following: (1) Discussing the impact of implementation of the Affordable Care Act on the National Breast and Cervical Cancer Early Detection Program; and (2) exploring options to expand services to impact women beyond the current eligible screening population.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Jameka R. Blackmon, MBA, CMP, Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway NE., Mailstop F76, Atlanta, Georgia 30341, Telephone (770) 488-4880.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and Agency for Toxic Substances and Disease Registry.

**Elaine Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* TANF Quarterly Financial Report ACF-196R

*OMB No.:* New Collection

*Description:* This information collection is authorized under Section 411(a)(3) of the Social Security Act. This request is for approval to create the ACF-196R form for quarterly financial reporting under the Temporary Assistance for Needy Families (TANF) program. Implementation of these changes will entail new costs to ACF, and thus, final adoption will depend upon funding availability. States participating in the TANF program are required by statute to report financial data on a quarterly basis. The form meets the legal standard and provides essential data on the use of federal TANF funds. Failure to collect the data would seriously compromise ACF's ability to monitor program expenditures, estimate funding needs, and to prepare budget submissions and annual reports required by Congress. Financial reporting under the TANF program is governed by 45 CFR Part 265.

Approval of the ACF-196R would result in two basic changes to TANF quarterly financial reports. The first is to require respondents to allocate annual expenditures among an expanded list of categories on the ACF-196R; these categories better reflect the wide range of activities on which states are expending TANF funds. The second change is to the accounting method used to report expenditures made in a fiscal year and monitor cumulative expenditures by grant year award. Specifically, effective FY 2015, with each open grant year award, respondents will be required to report actual expenditures made in a fiscal year rather than updating cumulative totals, using the ACF-196R. If a respondent needs to adjust an expenditure reported in a prior year, it will revise the report for the fiscal year in which that expenditure occurred, rather than the current year's report.

We will maintain the ACF-196 form (Approved OMB No 0970-0247), only for revisions to historical data. Specifically, if a respondent needs to adjust or correct an expenditure submitted in a fiscal year prior to FY 2015, the respondent will revise the ACF-196 pertaining to the relevant