updated estimate (based on historical information) of state nonmember banks and state savings associations engaged in consumer leasing. In particular, the number of respondents has decreased while the hours per response remain the same.

2. *Title:* Covered Financial Company Asset Purchaser Eligibility Certification.

OMB Number: 3064–0194.

Form Number: Covered Financial Company Asset Sales Purchaser Eligibility Certification—7300/10.

Affected Public: Any individual or entity that is a potential purchaser of assets from (1) the FDIC as receiver for a Covered Financial Company (''CFC''); or (2) a bridge financial company (''BFC'') which requires the approval of the FDIC, as receiver for the predecessor CFC and as the sole shareholder of the BFC (*e.g.,* the BFC's sale of a significant business line).

Burden Estimate:

	Type of burden	Estimated number of respondents	Estimated number of responses	Estimated time per response (minutes)	Frequency of response	Total annual estimated burden (hours)
Covered Financial Company Asset Sales Purchaser Eligibility Certification.	Reporting	10	1	30	Annual	5
Total Hourly Burden	.....	.....	.....	.....	.....	5

General Description of Collection: Assets held by the FDIC in the course of liquidating any covered financial company must not be sold to persons who contributed to the demise of a covered financial company in specified ways (*e.g.,* individuals who profited or engaged in wrongdoing at the expense of the failed institution, or seriously mismanaged the failed institution). 12 CFR part 380 requires prospective purchasers to complete and submit a Purchaser Eligibility Certification (''PEC'') to the FDIC. The PEC is a self-certification by a prospective purchaser that it does not fall into any of the categories of individuals or entities that are prohibited by statute or regulation from purchasing the assets of covered financial companies. The PEC will be required in connection with the sale of assets by the FDIC, as receiver for a CFC, or the sale of assets by a BFC which requires the approval of the FDIC, as receiver for the predecessor CFC and as the sole shareholder of the BFC.

There is no change in the method or substance of the collection. The number of respondents and the hours per response remain the same.

Request for Comment

Comments are invited on: (a) Whether the collections of information are necessary for the proper performance of the FDIC's functions, including whether the information has practical utility; (b) the accuracy of the estimates of the burden of the information collections, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collections of information on respondents, including through the use of automated collection techniques or other forms of information technology. All comments will become a matter of public record.

Dated at Washington, DC, this 20th day of September 2017.

Federal Deposit Insurance Corporation.

Valerie J. Best,

Assistant Executive Secretary.

[FR Doc. 2017–20593 Filed 9–25–17; 8:45 am]

BILLING CODE 6714–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–17–1080; Docket No. CDC 2017–0078]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on *HIV Outpatient Study (HOPS).*

DATES: Written comments must be received on or before November 27, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0078 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: *All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.*

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information

collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. 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.

Proposed Project

HIV Outpatient Study (HOPS) (OMB Control Number 0920–1080, Expiration, 8/31/2018)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC requests a three-year approval and a revision to the *HIV Outpatient Study* data collection activity. The *HIV Outpatient Study (HOPS)* is a prospective longitudinal cohort of HIV-infected outpatients at eight well-established private HIV care practices and university-based U.S. clinics, in Tampa, Florida; Washington, DC; Stony Brook, New York; Chicago, Illinois; Denver, Colorado; and Philadelphia, Pennsylvania. Researchers abstract clinical data on an ongoing basis from the medical records of adult HIV-infected HOPS study participants, who also complete an optional telephone/Web-based behavioral assessment as part of their annual clinic visit, which on average takes about seven minutes. Before enrolling in this study, all potential study participants will undergo an informed consent process (including signing of a written informed consent), which is estimated to take 15 minutes.

The revisions consist of adding 12 additional survey questions to assess additional risk behaviors that may affect the long-term care and treatment of HIV positive patients participating in the HIV Outpatient Study. Based on review of the current survey response items and the average completion time, these new questions will not pose additional burden on participants.

The core areas of HOPS research extending through the present HIV treatment era include: (i) Monitoring death rates and causes of death; (ii) characterizing the optimal patient management strategies to reduce HIV related morbidity and mortality (*e.g.,* effectiveness of antiretroviral therapies and other clinical interventions); (iii) monitoring of sexual and drug use behaviors to inform Prevention with Positives; and (iv) investigating disparities in the HIV care continuum by various demographic factors.

In recent years, the HOPS has been instrumental in bringing attention to emerging issues in chronic HIV infection with actionable opportunities for prevention, including cardiovascular disease, fragility fractures, renal and hepatic disease, and cancers. The HOPS remains an important source for multi-year trend data concerning conditions and behaviors for which data are not readily available elsewhere, to include: Rates of opportunistic illnesses, rates of comorbid conditions (*e.g.,* hypertension, obesity, diabetes) and antiretroviral drug resistance.

Researchers will collect data through medical record abstraction by trained abstractors and by telephone or Internet based, computer-assisted interviews at eight funded study sites in six U.S. cities. Collection of data abstracted from patient medical records provides data in five general categories: Demographics and risk behaviors for HIV infection; symptoms; diagnosed conditions (definitive and presumptive); medications prescribed (including dose, duration, and reasons for stopping); all laboratory values, including CD4+ Tlymphocyte (CD4+) cell counts, plasma HIV–RNA determinations, and genotype, phenotype, and trophile results. Researchers will acquire data on visit frequency, AIDS, and death from the clinic chart. Data collected using a brief Telephone Audio-Computer Assisted Self-Interview (T–ACASI) survey or an identical Web-based Audio-Computer Assisted Self-Interview (ACASI) include: Age, sex at birth, use of alcohol and drugs, cigarette smoking, adherence to antiretroviral medications, types of sexual intercourse, condom use, and disclosure of HIV status to partners.

We anticipate the annual recruitment of 450 new HOPS study participants into the HOPS from a pool of HIV-infected individuals currently in HIV-care at nine clinics (50 patients per site). Researchers will approach patients during one of the patients' routine clinic visits to participate in the HOPS. Researchers will give patients interested in participating in the HOPS detailed information about the nature of the study and provide them with a written informed consent form that the patient must complete prior to enrollment. Annually, the researchers will add the 450 newly enrolled participants to the database of existing participants. Researchers will conduct medical record abstractions and will not impose direct burden on HOPS study participants.

Participation of respondents is voluntary. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
HOPS study Patients	Behavioral survey	2,500	1	7/60	292
HOPS Study Patients	Consent form	450	1	15/60	113
Total					405

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2017–20511 Filed 9–25–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–17–17NW]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on April 27, 2017 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. The purpose of this notice is to allow an additional 30 days for public comments.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW., Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

A Novel Framework for Structuring Industry-Tuned Public-Private Partnerships and Economic Incentives for U.S. Health Emergency Preparedness and Response—New—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Despite the important role of public-private partnerships in supporting the US's public health preparedness and response mission, many partnership efforts are not successful due to poorly aligned incentives or lack of awareness of external market factors. There is little research or information on private sector incentive structures and partnership opportunities and barriers specific to public health preparedness and response. This study will evaluate the effectiveness of public-private partnership incentives from the perspective of private sector industries within the public health preparedness and response space.

Study activities include the following: (1) Identification of public-private partnership incentives and target industries for public health preparedness and response; (2) interviews with industry leaders (in person or via telephone) to identify related public health emergency preparedness activities and partnership opportunities and barriers; (3) survey of private sector organization managers using on-line technology (Qualtrics) on key issues and attractiveness of partnership opportunities and incentives; and (4) framework development to identify partnership target organizations, opportunities, and incentives to promote public health emergency preparedness capabilities.

CDC proposes to collect information from the private industry leaders in the public health preparedness and response space to accomplish this goal.

The information collection project is composed of two parts: (1) Interviews and (2) an on-line general survey. The targeted interviews will seek respondents in the following eight sectors: Pharmaceutical/life sciences (n=8), health IT/mobile (n=8), retailers/distributors (n=6), academia/research organization (n=6), hospital/healthcare provider (n=5), health insurance (n=4), logistics/transportation (n=4), and charitable organization/foundation (n=4). The interview questions and the information collected will vary significantly across the different sectors.

The survey portion of the information collection consists of a larger survey administered to 200 individuals to reach a total sample population of 100 (assuming a 50% response rate). CDC will conduct the interviews and administer the survey only one time to each individual respondent. CDC plans to conduct interviews and surveys within six months after OMB approval.

Members of the research team will conduct the interviews. CDC will administer the surveys using the secure online software Qualtrics, and respondents will receive an email with a unique link that will direct them to the Qualtrics survey platform. The research team will then transfer data to CDC's preferred Secure File Transfer Protocol (SFTP) client for secure storage and access. After this transfer, CDC will destroy all copies of the data that reside outside of the SFTP. Only the research team will have access to the interview transcripts and survey responses that will link responses to personally identifiable information. Researchers will use locked file cabinets to store securely, any printed or hand-written documents containing personal identifiable information. Once scanned or otherwise transferred into electronic files (which will also be transferred to the SFTP client), researchers will appropriately destroy the information.

Only the research team will have access to the SFTP, which will require the user to enter a host address, username, password and port number. Any information removed from the SFTP client to be shared with outside parties will be presented in aggregated and de-identified form, unless otherwise compelled by law. CDC will retain and destroy all records in accordance with the applicable CDC Records Control Schedule.

OPHPR is requesting an approval period of one year to collect this information. There is no cost to respondents other than the time to participate. The total estimated annual burden hours is 70 hours. A summary of annualized burden hours is below.