

• *Fax:* 202-501-4067.

• *Mail:* General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street, NE., Washington, DC 20417. *Attn:* Hada Flowers/IC 9000-0157.

*Instructions:* Please submit comments only and cite Information Collection 9000-0157, in all correspondence related to this collection. All comments received will be posted without change to <http://www.regulations.gov>, including any personal and/or business confidential information provided.

**FOR FURTHER INFORMATION CONTACT:** Mr. Curtis Glover, Procurement Analyst, Contract Policy Division, GSA (202) 501-1448 or e-mail [Curtis.glover@gsa.gov](mailto:Curtis.glover@gsa.gov).

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

Standard Form 330, Part I is used by all Executive agencies to obtain information from architect-engineer firms interested in a particular project. The information on the form is reviewed by a selection panel composed of professional people and assists the panel in selecting the most qualified architect-engineer firm to perform the specific project. The form is designed to provide a uniform method for architect-engineer firms to submit information on experience, personnel, capabilities of the architect-engineer firm to perform along with information on the consultants they expect to collaborate with on the specific project.

Standard Form 330, Part II is used by all Executive agencies to obtain general uniform information about a firm's experience in architect-engineering projects. Architect-engineer firms are encouraged to update the form annually. The information obtained on this form is used to determine if a firm should be solicited for architect-engineer projects.

**B. Annual Reporting Burden**

*Respondents:* 5,000.

*Responses per Respondent:* 4.

*Total Responses:* 20,000.

*Hours per Response:* 29.

*Total Burden Hours:* 580,000.

*Obtaining Copies of Proposals:* Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Branch (MVCB), 1275 First Street, NE., Washington, DC, telephone (202) 501-4755. Please cite OMB Control No. 9000-0157, Architect-Engineer Qualifications (SF 330), in all correspondence.

Dated: April 4, 2011.

**Millisa Gary,**

*Acting Director, Office of Governmentwide Acquisition Policy.*

[FR Doc. 2011-8646 Filed 4-11-11; 8:45 am]

**BILLING CODE 6820-EP-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Notice of Intent To Award Affordable Care Act (ACA) Funding**

Notice of Intent to award Affordable Care Act (ACA) funding to two Emerging Infections Program (EIP) grantees, the Connecticut Department of Public Health and the Georgia Department of Community Health, to increase support for vaccine effectiveness activities for rotavirus vaccine and pneumococcal conjugate vaccine. These activities were proposed in the grantees' Fiscal Year (FY) 2011 non-competitive continuation applications under funding opportunity CI05-026, "Emerging Infections Program (EIP)."

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

**ACTION:** Notice.

**SUMMARY:** This notice provides public announcement of CDC's intent to award Affordable Care Act (ACA) appropriations to the Connecticut Department of Public Health and the Georgia Department of Community Health to conduct vaccine effectiveness activities for rotavirus vaccine and 13-valent pneumococcal conjugate vaccine (PCV). These activities were requested by the two grantees in their FY 2011 non-competitive continuation applications submitted under funding opportunity CI05-026, "Emerging Infections Program (EIP)," Catalogue of Federal Domestic Assistance Number (CFDA): 93.283. Due to a lack of funding availability, these activities were either approved but unfunded or only partially funded in the grantee's FY 2011 continuation award.

Only these two EIP sites requested funding for the rotavirus activities and only one site (Georgia) requested funding for the PCV activities. Since no other EIP sites requested funding for these specific activities, Connecticut and Georgia will be the only sites receiving funding for these activities.

Approximately \$433,500 in ACA funding will be awarded, which includes \$333,500 for Rotavirus and

\$100,000 for PCV, to increase the amount of funding available to evaluate the effectiveness of new rotavirus and PCV vaccines currently being monitored through the aforementioned participating EIP sites. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).

Accordingly, CDC adds the following information to the previously published funding opportunity announcement:

—*Authority:* Affordable Care Act (Pub. L. 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).

—*CFDA #:* 93.521—CDC—

Investigations, Technical Assistance and Affordable Care Act Projects.

*Award Information:*

*Type of Award:* Supplement to existing cooperative agreement.

*Approximate Total Current Fiscal Year*

*ACA Funding:* \$433,500.

Rotavirus (CT & GA): \$333,500.

PCV (GA only): \$100,000.

*Anticipated Number of Awards:* 2.

*Fiscal Year Funds:* 2011.

*Anticipated Award Date:* June 2011.

*Application Selection Process:*

Funding will be awarded to only those sites that included proposals for the specific rotavirus and PCV vaccine effectiveness activities in their EIP FY 2011 continuation application.

*Funding Authority:*

CDC will add the ACA Authority to that which is reflected in the published Funding Opportunity CDC-RFA-CI05-026. The revised funding authority language will read:

—This program is authorized under the Public Health Service Act Sections 301(a)[42 U.S.C. 241(a)], 317(k)(1)[42 U.S.C. 247b(k)(1)], and 317(k)(2)[42 U.S.C. 247b(k)(2)], as amended, and *Affordable Care Act (Pub. L. 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).*

**DATES:** The effective date for this action is the date of publication of this Notice and remains in effect until the expiration of the project period of the ACA funded applications.

**FOR FURTHER INFORMATION CONTACT:**

Elmira Benson, Acting Deputy Director, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341, telephone (770) 488-2802, e-mail [Elmira.Benson@cdc.gov](mailto:Elmira.Benson@cdc.gov).

**SUPPLEMENTARY INFORMATION:** On March 23, 2010, the President signed into law the Affordable Care Act (ACA), Public Law 111-148. ACA is designed to improve and expand the scope of health care coverage for Americans. Cost savings through disease prevention is an

important element of this legislation and ACA has established a Prevention and Public Health Fund (PPHF) for this purpose. Specifically, the legislation states in Section 4002 that the PPHF is to “provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.” ACA and the Prevention and Public Health Fund make improving public health a priority with investments to improve public health.

The PPHF states that the Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness and public health activities including prevention research and health screenings, such as the Community Transformation Grant Program, the Education and Outreach Campaign for Preventative Benefits, and Immunization Programs.

ACA legislation affords an important opportunity to advance public health across the lifespan and to reduce health disparities by supporting an intensive community approach to chronic disease prevention and control. Therefore, increasing funding available to applicants under this FOA using the PPHF to continue monitoring the effectiveness of vaccines is consistent with the purpose of the PPHF, as stated above, to provide for an expanded and sustained national investment in prevention and public health programs. Further, the Secretary allocated funds to

CDC, pursuant to the PPHF, for the types of activities this FOA is designed to carry out.

Dated: March 25, 2011.

**Tanja Popovic,**

*Deputy Associate Director for Science,  
Centers for Disease Control and Prevention.*

[FR Doc. 2011-8653 Filed 4-11-11; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day-11-10HC]

#### 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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto: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

HIV/AIDS Awareness Day Programs—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC is requesting OMB approval to administer surveys to respondents who plan HIV/AIDS day awareness activities during the next 3 years. The name and dates for the annual HIV/AIDS awareness day campaigns are: National Black HIV Awareness Day—February 7th; National Native HIV/AIDS Awareness Day—March 20th; National Asian and Pacific Islander HIV/AIDS Awareness Day—May 19th; and National Latino AIDS Awareness Day—October 15th. The purpose of the surveys is to assess the number and types of HIV/AIDS prevention activities planned and implemented in observance of each of the four noted HIV/AIDS awareness day campaigns.

After the date that each campaign occurs, the event planners will be asked to respond to a computer-based survey to collect qualitative data. They will go to the designated websites to review information about the campaigns and go to the section that allows them to enter information about their particular event. For example, the event planners will be asked to note the kind of events that they planned. The survey results are necessary to understand how and where HIV/AIDS awareness activities are planned and implemented.

These survey results will provide important information that will be used to develop HIV/AIDS prevention activities. The computer-based surveys take up to one hour. The surveys and interviews are one-time only and will not require a follow-up. There is no cost to the respondents other than their time. The estimated annualized burden hours are 375.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
African-American HIV/AIDS awareness day activity planners.	National Black HIV/AIDS Awareness Day Evaluation Report.	200	1	1
Asian and Pacific Islander HIV/AIDS awareness day activity planners.	National Asian & Pacific Islander HIV/AIDS Awareness Day Evaluation Report.	15	1	1
Latino HIV/AIDS awareness day activity planners.	National Latino AIDS Awareness Day Evaluation Report.	125	1	1
Native HIV/AIDS awareness day activity planners.	National Native HIV/AIDS Awareness Day Evaluation Report.	35	1	1