2011, contracts with values over $500,000 were awarded to 25,065 unique vendors. We estimate an average of five responses annually (i.e., the number of proposals received per solicitation issued).

The clause at FAR 52.209–9 applies to solicitations where the resultant contract value is expected to exceed $500,000 and to contracts in which the offeror has indicated in paragraph (b) of the provision at 52.209–7 that it has current active Federal contracts and grants with total values greater than $10,000,000. Paragraph (a) of the clause at 52.209–9 requires the contractor to update responsibility information on a semiannual basis, throughout the life of the contract, by posting the information in the CCR.

It is estimated that 5,013 respondents (or 20 percent) of the 25,065 contract awardees will indicate an affirmative answer in paragraph (b) of the provision at 52.209–7 and, pursuant to FAR 52.209–9, those contractors will then have to enter FAPIIS-related data into the CCR function in the SAM. Two responses per respondent per year are calculated for those respondents with contracts and grants greater than $10 million, because of the requirement in FAR 52.209–9 for semi-annual updates. Because the FAPIIS information in CCR is maintained on individual vendors, contractors awarded more than one contract will still only have to update the data two times per year regardless of the number of contracts awarded them.

We have used an average burden estimate of 100 hours to enter the company's data into the Web site. This time estimate also includes the average annual recordkeeping time necessary per respondent to maintain the company's information internally. Most large businesses and some small businesses have established systems to track compliance. At this time, all or most Government contractors have entered relevant company data in the CCR in accordance with another information collection requirement.

Annual Reporting Burden

Initial response (52.209–7):
Respondents: 25,065.
Responses per respondent *x 5.*
Total annual responses *125,325.*
Hours per Response *0.1.*
Total response burden hours *12,533.*
Additional Response (52.209–9):
Respondents: *5,013.*
Responses per respondent *x 2.*
Total annual responses *10,026.*
Hours per Response *.5.*
Total response burden hours *5,013.*
Total response burden hours: *17,546.*

Annual Recordkeeping Burden

Respondents: *5,013.*
Responses per respondent *x 1.*
Total annual responses *5,013.*
Hours per Response 100.
Total Recordkeeping burden hours: *501,300.*

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501–4755. Please cite OMB Control No. 9000–0174, Information Regarding Responsibility Matters, in all correspondence.

Dated: March 21, 2013.

William Clark,

Acting Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2013–06917 Filed 3–26–13; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Delegation of Authorities

Notice is hereby given that I have delegated to the Administrator, Centers for Medicare & Medicaid Services (CMS), or his or her successor, the authorities vested in the Secretary for two provisions of the Affordable Care Act, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) insofar as such provisions pertain to CMS' mission, as described in Section F.00 of CMS' Statement of Organization, Functions, and Delegations of Authority, last published at 55 FR 9363 (March 13, 1990).

Affordable Care Act

Title I—Quality, Affordable Health Care for All Americans

Subtitle B—Immediate Actions to Preserve and Expand Coverage

Section 1104(c)(1), (2), and (3)—The authorities pursuant to Section 1104(c)(1), (2), and (3) of the Affordable Care Act, as amended, to administer rules related to standards and associated operating rules, unique health plan identifiers, standards for electronic funds transfer, and a standard and a single set of associated operating rules for health claims attachments. These provisions relate to administrative simplification under Section 262 of HIPAA.

Title IX—Revenue Provisions

Subtitle A—Revenue Offset Provisions

Section 9008—The authorities pursuant to Section 9008 of the Affordable Care Act, as amended, related to the reporting requirements associated with the imposition of annual fee on branded prescription pharmaceutical manufacturers and importers.

Health Insurance Portability and Accountability Act of 1996

Section 203—The authorities pursuant to Section 203, as amended, pertaining to the Beneficiary Incentive Programs.

This delegation of authorities excludes the authority to issue regulations and to submit reports to Congress.

This delegation of authorities is effective immediately.

These authorities may be re-delegated.

These authorities shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations.

I hereby affirm and ratify any actions taken by the Administrator, CMS, or his or her successor, which involved the exercise of the authorities for two provisions of the Affordable Care Act, and HIPAA delegated herein prior to the effective date of this delegation of authorities.

Authority: 44 U.S.C. 3101.

Dated: March 20, 2013.

Kathleen Sebelius,

Secretary.

[FR Doc. 2013–07139 Filed 3–26–13; 8:45 am]

BILLING CODE 4150–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Cancelation for Call of the President's Advisory Council on Faith-Based and Neighborhood Partnerships

Notice of Cancelation: This notice was published in the **Federal Register** on March 20th, 2013, Volume 78, Number 54, page 17210. The call previously scheduled to convene on April 2, 2013 has been cancelled.

Please contact Ben O'Dell for any additional information about the President's Advisory Council meeting at *partnerships@hhs.gov.*

Dated: March 21, 2013.

Ben O'Dell,

Associate Director for Center for Faith-based and Neighborhood Partnerships at U.S. Department of Health and Human Services.

[FR Doc. 2013–07142 Filed 3–26–13; 8:45 am]

BILLING CODE 4154–07–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-13–0745]

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

Colorectal Cancer Screening Program (OMB No. 0920–0745, exp. 6/30/2013)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Of cancers affecting both men and women, colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for adults starting at age 50 and continuing until age 75 years.

In 2005, CDC established a three-year demonstration program, subsequently extended to four years, to screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. The five demonstration sites reported information to CDC including de-identified, patient-level demographic, screening, diagnostic, treatment, outcome and cost reimbursement data (OMB No. 0920–0745, exp. 7/31/2010). The information has been used to assess the feasibility and cost effectiveness of a publically funded screening program, describe key outcomes, and guide the expansion of the program. In 2009, with the conclusion of the demonstration program and increased Congressional funding to continue support of a colorectal cancer screening program, CDC established the Colorectal Cancer Control Program (CRCCP) to fund 26 sites for a five-year program period to increase population-based CRC screening and reduce health disparities in CRC screening, incidence and mortality. Funded sites implement evidence-based interventions to increase population-level screening rates. To address disparities in access to screening, funded sites screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. The funded sites report information to CDC including programmatic-level activity cost data, and de-identified patient-level demographic, screening, diagnostic, treatment and outcome data (OMB No. 0920–0745, exp. 6/30/2013).

CDC is requesting OMB approval to continue the information collection for an additional three years. CDC will collect de-identified Colorectal Clinical Data Elements (CCDE) on services provided to low-income individuals age 50 and older with inadequate or no health insurance. CDC will use the information to monitor and evaluate the program and funded sites; improve the quality of screening and diagnostic services for underserved individuals; develop outreach strategies to increase screening; and report program results to Congress and other legislative authorities. Each site will screen an estimated 375 individuals per year (186 semiannually).

The program will also collect program-level activity-based cost data utilizing a Cost Assessment Tool (CAT) previously used by other CDC-funded cancer programs. The information to be collected through the CAT will allow CDC to compare activity-based costs across multiple sites and programs, and will provide a more effective means of monitoring and improving the performance and cost-effectiveness of the CRC screening program.

Summary CCDE information will be transmitted to CDC electronically twice per year. Information collected through the Cost Assessment Tool will be transmitted electronically to CDC once per year. Participation is required for all sites funded through the CRC screening program. The number of funded sites will increase from 26 to 29 and this will result in an increase in the number of respondents and total burden. There are no changes to the content of the information collection or the estimated burden per response.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 3,357.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Colorectal Cancer Screening Programs	Clinical Data Elements	29	375	15/60
	Cost Assessment Tool	29	1	22

Dated: March 21, 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. 2013–07041 Filed 3–26–13; 8:45 am]

BILLING CODE 4163–18–P