

of this collection of information, including suggestions for reducing this burden to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the Regulatory Secretariat (MVCB), General Services Administration, 1800 F Street, NW., Room 4041, Washington, DC 20405. Please cite OMB Control No. 9000-0169, American Recovery and Reinvestment Act—Quarterly Reporting for Prime Contractors, in all correspondence.

**FOR FURTHER INFORMATION CONTACT:** Mr. Ernest Woodson, Procurement Analyst, Contract Policy Branch, at telephone (202) 501-3775 or via e-mail to [ernest.woodson@gsa.gov](mailto:ernest.woodson@gsa.gov).

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

Elements updated quarterly for which the burden is imposed on the prime contractor include the following (information on the data elements can be found at [FederalReporting.gov](http://FederalReporting.gov) at the Recipient Reporting Data Model site):

- a. The amount of Recovery Act funds invoiced by the contractor for the reporting period. A cumulative amount from all the reports submitted for this action will be maintained by the government's on-line reporting tool;
- b. A list of all significant services performed or supplies delivered, including construction, for which the contractor has invoiced; and
- c. An assessment of the contractor's progress towards the completion of the overall purpose and expected outcomes or results of the contract (*i.e.*, not started, less than 50 percent completed, completed 50 percent or more, or fully completed). This covers the contract (or portion thereof) funded by the Recovery Act.

**B. Annual Reporting Burden**

*Respondents:* 36,680.

*Responses per Respondent:* 5.

*Total Annual Responses:* 183,400.

*Hours per Response:* 1.5.

*Total Burden Hours:* 275,100.

*Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 9000-0169, American Recovery and Reinvestment Act—One-time Reporting, Compensation Requirements, in all correspondence.

Dated: April 1, 2010.

**Al Matera,**

*Director, Acquisition Policy Division.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Decision To Evaluate a Petition to Designate a Class of Employees for the Ames Laboratory, Ames, IA, To Be Included in the Special Exposure Cohort**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** HHS gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees for the Ames Laboratory, Ames, Iowa, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* Ames Laboratory.

*Location:* Ames, Iowa.

*Job Titles and/or Job Duties:* Scientists, production workers, technicians, salaried graduate students, physical plant workers, administrative and support staff who worked in the Atomic Energy Commission and Department of Energy facilities on the Ames Laboratory Campus variably known as Annexes 1 and 2, Hot Canyon, Wilhelm Hall or Metallurgy Building, Spedding Hall, Research and Chemistry Buildings.

*Period of Employment:* January 1, 1955 through December 31, 1960.

**FOR FURTHER INFORMATION CONTACT:** Stuart L. Hinnefeld, Interim Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer on (301) 443-1129.

*Comments are invited on:* (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

**Proposed Project: National Health Service Corps Alumni Initiative—New**

The Health Resources and Services Administration's (HRSA) Bureau of Clinician Recruitment and Service (Bureau) administers the National Health Service Corps (NHSC) and its Scholarship and Loan Repayment Programs authorized under sections 331-338H of the Public Health Service Act (42 U.S.C. 254d-254q). Under these NHSC programs, health professionals agree to provide primary health services in health professional shortage areas. Health professionals who have completed NHSC service are considered to be NHSC Alumni.

The Bureau is proposing to develop a database of NHSC Alumni to establish an active network of Alumni to serve as a resource for the recruitment, counseling, and/or mentoring of future and current primary health care providers to practice in underserved communities. The database would