distributed throughout the agency. The inventory has been developed in accordance with guidance issued on November 5, 2010 by the Office of Management and Budget's Office of Federal Procurement Policy (OFPP). OFPP's guidance is available at *http://www.whitehouse.gov/sites/default/files/omb/procurement/memo/service-contract-inventories-guidance-11052010.pdf.* GSA has posted its inventory and a summary of the inventory on the GSA homepage at the following link: *http://www.gsa.gov/gsasci.*

Dated: January 21, 2011.

Joseph A. Neurauter,

Director, Office of Acquisition Policy and Senior Procurement Executive.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–0920–11BO]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Carol Walker, Acting CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

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; 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. Written comments should be received within 60 days of this notice.

Proposed Project

Community-based Organization (CBO) Monitoring and Evaluation Project (CMEP) of RESPECT (CMEP–RESPECT)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC began formally partnering with CBOs in the late 1980s to expand the reach of HIV prevention efforts. CBOs were, and continue to be, recognized as important partners in HIV prevention because of their history and credibility with target populations and their access to groups that may not be easily reached. Over time, CDCs program for HIV prevention by CBOs has grown in size, scope, and complexity to respond to changes in the epidemic, including the diffusion and implementation of Effective Behavioral Interventions (EBIs) for HIV prevention.

CDCs EBIs have been shown to be effective under controlled research environments, but there is limited data on intervention implementation and client outcomes in real-world settings (as implemented by CDC-funded CBOs). The purpose of CMEP–RESPECT is to (a) assess the fidelity of the implementation of the selected intervention at the CBO; and (b) improve the performance of CDC-funded CBOs delivering the RESPECT intervention by monitoring changes in clients' self-reported attitudes and beliefs regarding HIV/STD and transmission risk behaviors after participating in RESPECT. The project also plans to conduct process monitoring of the delivery of the intervention in terms of recruitment, retention, data collection, data entry, and data management. Four CBOs will receive supplemental funding under PS 10–1003 over a five-year period to participate in CMEP–RESPECT.

CBOs will conduct outcome and process monitoring of the project between July 1, 2011 and June 30, 2015. They will recruit 400 men who are 18 years of age and older, report having had anal sex with a man in the last 12 months, and are enrolled in RESPECT to participate in CMEP–RESPECT. Each participant will complete a 20 minute, self administered, computer based interview prior to their participation in the RESPECT intervention and an 18 minute, self administered, computer based interview at two follow-up time points (90 and 180 days following the RESPECT intervention) to assess their HIV and STD related attitudes and behavioral risks. CBOs will be expected to retain 80% of these participants at both follow-up time points.

Throughout the project, funded CBOs will be responsible for managing the daily procedures of CMEP–RESPECT to ensure that all required activities are performed, all deadlines are met, and quality assurance plans, policies and procedures are upheld. CBOs will be responsible for participating in all CDC-sponsored grantee meetings related to CMEP–RESPECT.

Findings from this project will be primarily used by the participating CBOs. The CBOs may use the findings to (a) Better understand if the outcomes are different across demographic and behavioral risk groups as well as agency and program model characteristics; (b) improve the future implementation, management, and quality of RESPECT; and (c) guide their overall HIV prevention programming for MSM. CDC and other organizations interested in behavioral outcome monitoring of RESPECT or similar HIV prevention interventions can also benefit from lessons learned through this project. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
General population	Screener	500	1	2/60	17
General population	Baseline Survey	400	1	20/60	133
General population	90-Day Follow-Up Survey	320	1	18/60	96
General population	180-Day Follow-Up Survey	320	1	18/60	96
Total		500			342

Dated: January 24, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11–10FB]

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.* 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

Developing a Sexual Consent Norms Instrument—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Sexual violence prevention strategies are increasingly focusing on promoting positive behavioral norms such as safety, equality and respect in relationships. However, psychometrically validated measures do not exist for programs to use in evaluating their strategies. This project provides an opportunity to significantly contribute to the literature base and fill a gap in evaluation tools by developing a measure specific to consent norms for use in three populations: College students, late adolescents (ages 15–18) and early adolescents (ages 11–14). Sound measures of sexual consent norms will improve program evaluation efforts and potentially contribute to understanding of effective prevention strategies as well as the etiology of sexual violence perpetration.

The development of these measures will occur in four phases. All phases will consist of Asian, Black or African American, Hispanic or Latino and White students. Phase one will consist of multiple two-hour focus groups of 8–10 participants: 1 with prevention educators, 8 with college students, 8 with late adolescents (ages 15–18) and 8 with early adolescents (ages 11–14). Samples of college students and adolescents will include Asian, Black or African American, Hispanic or Latino, and White students. Half of the college student focus groups will be conducted with students who grew up in the United States; the other half will be conducted with students who came to the United States within the last five years. Focus group participants will be asked to comment on the proposed instruments relevant to their group. Prevention educators will comment on all three instruments. Comments will be used to refine the measures.

In phase two, 200 college students and 100 adolescents will complete the revised instrument appropriate to age group, plus a set of existing instruments that assess related variables, using online data collection methods.

Phase three will consist of multiple two-hour focus groups of 8–10 participants: 2 with prevention educators, 1 with college students, 1 with late adolescents (ages 15–18) and 1 with early adolescents (ages 11–14). Half of the college student focus groups will be conducted with students who grew up in the United States; the other half will be conducted with students who came to the United States in the last five years. All focus group participants will be asked to comment on data collected with the revised instruments in their age group. Prevention educators will be asked to comment on data from all age groups. Comments will be used to refine the instrument again, before administering it to larger samples.

In phase four, the refined instruments plus a set of existing instruments that assess related variables will be administered to 500 adolescents (200 early and 200 late). Data collection will occur via an online survey. These data will be used to examine the psychometric properties of the new instruments.

Findings will be used to demonstrate the adequacy of new instruments for use in racially and ethnically diverse populations of college student and adolescents by sexual assault prevention programs funded through the Rape Prevention and Education Program. There is no cost to respondents other than their time. The total estimated annual burden hours are 3005.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Phase I: Focus Group of Prevention Educators	10	1	3
Phase I: Focus Group of College Students	80	1	2.5
Phase I: Focus Group of Late Adolescents	80	1	3
Phase I: Focus Group of Early Adolescents	80	1	3
Phase II: College Student Survey	200	1	2
Phase II: Late Adolescent Survey	50	1	2
Phase II: Early Adolescent Survey	50	1	1
Phase III: Follow-up Focus Group of Prevention Educators	20	1	3
Phase III: Follow-up Focus Group of College Students	10	1	2.5
Phase III: Follow-up Focus Group of Late Adolescents	10	1	3
Phase III: Follow-up Focus Group of Early Adolescents	10	1	3
Phase IV: Confirmatory Survey of College Students	500	1	2
Phase IV: Confirmatory Survey of Late Adolescents	200	1	2
Phase IV: Confirmatory Survey of Early Adolescents	200	1	1