

(2) The number of vehicles and related services required and period of use;

(3) A list of employees who are authorized to request the vehicles or related services;

(4) A listing of equipment authorized to be serviced; and

(5) Billing instructions and address.

The contracting officer will use the information to determine the contractor's eligibility to obtain IFMS vehicles and related services, and to authorize this use. The GSA will also use this information to determine whether appropriate authorization has been granted by the contracting officer.

### C. Annual Burden

*Respondents:* 20.

*Total Annual Responses:* 1.

*Total Burden Hours:* 20.

*Obtaining Copies:* Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division by calling 202-501-4755 or emailing [GSARegSec@gsa.gov](mailto:GSARegSec@gsa.gov). Please cite OMB Control No. 9000-0032, Contractor Use of Interagency Fleet Management System Vehicles.

#### Janet Fry,

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

[FR Doc. 2022-18889 Filed 8-31-22; 8:45 am]

BILLING CODE 6820-EP-P

## GENERAL SERVICES ADMINISTRATION

[Notice MG-2022-03; Docket No. 2022-0002; Sequence No. 19]

### Office of Federal High-Performance Green Buildings; Green Building Advisory Committee; Request for Membership Nominations

**AGENCY:** Office of Government-Wide Policy, General Services Administration (GSA).

**ACTION:** Notice of request for membership nominations.

**SUMMARY:** The Green Building Advisory Committee provides advice to GSA as a statutorily (see below for citations) required federal advisory committee. This notice invites qualified candidates to apply for an appointment to serve as a member of GSA's Green Building Advisory Committee. This is a competitive process for several open membership seats. Candidates who applied for the position with expertise in environmental justice, equity, and green buildings, in response to GSA's

April 20, 2022 **Federal Register** notice, and who wish to be considered for this opportunity need not apply again, and can send an email to [bryan.steverson@gsa.gov](mailto:bryan.steverson@gsa.gov) confirming their interest.

**DATES:** All nominations must be submitted to [bryan.steverson@gsa.gov](mailto:bryan.steverson@gsa.gov) by 5:00 p.m., Eastern Time (ET), by October 3, 2022.

**FOR FURTHER INFORMATION CONTACT:** Mr. Bryan Steverson, Office of Federal High-Performance Green Buildings, GSA, at [bryan.steverson@gsa.gov](mailto:bryan.steverson@gsa.gov) or 202-501-6115.

#### SUPPLEMENTARY INFORMATION:

##### Background

The Administrator of the GSA established the Green Building Advisory Committee (hereafter, "the Committee") on June 20, 2011 (76 FR 118) pursuant to Section 494 of the Energy Independence and Security Act of 2007 (42 U.S.C. 17123, or EISA), in accordance with the provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. app. 2). Under this authority, the Committee advises GSA on how the Office of Federal High-Performance Green Buildings can most effectively accomplish its mission. Information about this Office is available online at <https://www.gsa.gov/hpb>, and information about the Committee may be found at <https://www.gsa.gov/gbac>. EISA requires the Committee to be represented by specific categories of members as well as "other relevant agencies and entities, as determined by the Federal Director (EISA § 494(b)(1)(B)). The specific categories of members include:

- "(i) State and local governmental green building programs;
- (ii) Independent green building associations or councils;
- (iii) Building experts, including architects, material suppliers, and construction contractors;
- (iv) Security advisors focusing on national security needs, natural disasters, and other dire emergency situations;
- (v) Public transportation industry experts; and
- (vi) Environmental health experts, including those with experience in children's health."

##### Member Responsibilities

New Committee members will be appointed to a two-year term. Membership is limited to the specific individuals appointed and is non-transferrable. Committee members are expected to personally attend all meetings, review all Committee

materials, and actively provide their advice and input on topics covered by the Committee. Committee members will not receive compensation, nor will they receive travel reimbursements from the Government except where a need has been demonstrated and funds are available.

##### Request for Membership Nominations

This notice provides an opportunity for individuals, or others on their behalf, to present their qualifications to serve as a member on the Committee. GSA values and welcomes diversity. In an effort to obtain nominations of diverse candidates, GSA encourages nominations from people of all communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs, including from underserved communities and all geographic locations of the United States of America. No person appointed to serve in an individual capacity shall be a federally registered lobbyist in accordance with the Presidential Memorandum "Lobbyists on Agency Boards and Commissions" (June 18, 2010) and OMB Final Guidance published in the **Federal Register** on October 5, 2011 and revised on August 13, 2014.

##### Nomination Process for Advisory Committee Appointment

Individuals may nominate themselves or others. All nominees should have:

- At least 5 years of high-performance building experience, which may include a combination of project-based, research and policy experience.
- Academic degrees, certifications and/or training demonstrating green building and related sustainability and real estate expertise;
- Knowledge of Federal sustainability and energy laws and programs;
- Proven ability to work effectively with a diverse group of professionals in a collaborative, multidisciplinary environment.
- Qualifications appropriate to a specific statutory category of members listed above.

A nomination package shall include the following information for each nominee:

- (1) A letter of nomination stating the name, title and organization of the nominee, nominee's field(s) of expertise, specific qualifications to serve on the Committee, and description of interest and qualifications;
- (2) A professional resume or CV; and
- (3) Complete contact information including name, return address, email address, and daytime telephone number of the nominee and nominator.

GSA reserves the right to choose Committee members based on qualifications, experience, Committee balance, statutory requirements and all other factors deemed critical to the success of the Committee. Candidates under consideration may be asked to provide specific financial information to ensure that the interests and affiliations of advisory committee members are reviewed for conformance with applicable conflict of interest statutes and other federal ethics rules.

**Kevin Kampschroer,**

*Federal Director, Office of Federal High-Performance Green Buildings, Office of Government-Wide Policy, General Services Administration.*

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**BILLING CODE 6820-14-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

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

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: “Hospital Survey on Patient Safety Culture Comparative Database.” This proposed information collection was previously published in the **Federal Register** on June 3rd, 2022 and allowed 60 days for public comment. AHRQ did not receive comments from members of the public during this period. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by October 3, 2022.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

“Hospital Survey on Patient Safety Culture Comparative Database.”

The Hospital Survey on Patient Safety Culture (Hospital SOPS) is designed to enable hospitals to assess provider and staff perspectives about patient safety issues, medical error, and error reporting. The Hospital SOPS includes 42 items that measure 12 composites of patient safety culture. AHRQ first made the Hospital SOPS publicly available, along with a Survey User’s Guide and other toolkit materials, in November 2004, on the AHRQ website.

The Hospital SOPS Database consists of data from the AHRQ Hospital Survey on Patient Safety Culture and may include reportable, non-required supplemental items. Hospitals in the U.S. can voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The Hospital SOPS Database (OMB No. 0935-0162, last approved on August 21, 2019) was developed by AHRQ in 2006 in response to requests from hospitals interested in tracking their own survey results. Those organizations submitting data receive a feedback report, as well as a report of the aggregated de-identified findings of the other hospitals submitting data. These reports are used to assist hospital staff in their efforts to improve patient safety culture in their organizations.

*Rationale for the information collection.* The Hospital SOPS and the Hospital SOPS Database support AHRQ’s goals of promoting improvements in the quality and safety of health care in hospital settings. The survey, toolkit materials, and database results are all made publicly available on AHRQ’s website. Technical assistance is provided by AHRQ through its contractor at no charge to hospitals, to facilitate the use of these materials for hospital patient safety and quality improvement. This database will:

- (1) present results from hospitals that voluntarily submit their data,
- (2) provide data to hospitals to facilitate internal assessment and learning in the patient safety improvement process, and
- (3) provide supplemental information to help hospitals identify their strengths and areas with potential for improvement in patient safety culture.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ’s statutory authority to conduct and support research on health care and on systems for the delivery of such care, including

activities with respect to the quality, effectiveness, efficiency, appropriateness, and value of healthcare services and with respect to surveys and database development. 42 U.S.C 299a(a)(1) and (8).

**Method of Collection**

(1) *Eligibility and Registration Form*—The hospital point-of-contact (POC) completes a number of data submission steps and forms, beginning with the completion of an online Eligibility and Registration Form. The purpose of this form is to collect basic demographic information about the hospital and initiate the registration process.

(2) *Data Use Agreement*—The purpose of the data use agreement, completed by the hospital POC, is to state how data submitted by hospitals will be used and provide privacy assurances.

(3) *Hospital Site Information Form*—The purpose of the site information form, also completed by the hospital POC, is to collect background characteristics of the hospital. This information will be used to analyze data collected with the Hospital SOPS survey.

(4) *Data Files Submission*—POCs upload their data file(s), using hospital data file specifications, to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted. The number of submissions to the database is likely to vary each year because hospitals do not administer the survey and submit data every year. Data submission is typically handled by one POC who is either a patient safety manager in the hospital or a survey vendor who contracts with a hospital to collect and submit their data. POCs submit data on behalf of 3 hospitals, on average, because many hospitals are part of a health system that includes many hospitals, or the POC is a vendor that is submitting data for multiple hospitals.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondents’ time to participate in the database. An estimated 340 POCs, representing an average of 3 individual hospitals each, will complete the database submission steps and forms annually. Each POC will submit the following:

- Eligibility and registration form (completion is estimated to take about 3 minutes).
- Data Use Agreement (completion is estimated to take about 3 minutes).