

**Terry Nicolosi,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
 [FR Doc. E8-11032 Filed 5-15-08; 8:45 am]  
**BILLING CODE 4150-32-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-New; 30-day notice]

**Agency Information Collection Request. 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated

burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherrite.funncoleman@hhs.gov](mailto:Sherrite.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the OS OMB Desk Officer all comments must be faxed to OMB at 202-395-6974.

**Proposed Project:** Evaluation of the "I Can Do It, You Can Do It" Health Promotion Program for Children and Youth with Disabilities—New—Office on Disability (OD).

**Abstract:** The Department of Health and Human Services' Office on Disability (OD) oversees the implementation and coordination of disability programs, policies, and

special initiatives pertaining to the over 54 million persons with disabilities in the United States. As part of these efforts, the OD encourages youth with physical and cognitive disabilities to adopt a healthier life style that includes good nutrition and increased physical activity. "I Can Do it, You Can Do It" is a health promotion intervention program for children and youth between the ages of 10 and 21 with disabilities that employs a one-on-one mentoring approach to change health behaviors. The program is implemented by sponsoring organizations who work with children and youth with disabilities. The OD will evaluate the effectiveness of the program.

The evaluation will be completed over a two-year period. Respondents will be children and youth with disabilities who are participating in the program. Mentors who work with the participants/mentees will complete a post-program survey. Coordinators from the sponsoring organizations will complete a process evaluation survey. Results will be used to determine if the program has been successful, to report progress, and to make revisions for future administration of the program. There are no costs to respondents except their time to participate in the surveys.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (in hours)	Total burden hours
Registration Form .....	Program Participant/Mentee .....	660	1	8/60	88
Goal Setting Worksheet .....	Program Participant/Mentee .....	610	1	7/60	71
Mentor Registration Form .....	Mentor .....	450	1	10/60	75
Pre-Test Survey .....	Program Participant/Mentee .....	560	1	19/60	177
Weekly Check-In Form .....	Program Participant/Mentee .....	560	8	7/60	522
First Post-Test Survey .....	Program Participant/Mentee .....	510	1	18/60	153
Second Post-Test Survey .....	Program Participant/Mentee .....	460	1	18/60	138
Mentor Post Assessment .....	Mentor .....	450	1	15/60	112
Agency Coordinator Survey .....	Agency Coordinators .....	6	1	45/60	4.5
<b>Total .....</b>	.....	.....	.....	.....	<b>1340.5</b>

**Terry Nicolosi,**  
*Office of the Secretary, Director, Office of Resources Management .*  
 [FR Doc. E8-11045 Filed 5-15-08; 8:45 am]  
**BILLING CODE 4150-39-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Hospital Preparedness Program (HPP)**

**AGENCY:** Office of the Assistant Secretary for Preparedness and Response, ASPR (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice sets forth the Secretary's proposal to require Hospital Preparedness Program (HPP) cooperative agreement recipients to contribute non-federal matching funds starting with the FY 2009 funding cycle and each year thereafter. The amount of the cost sharing requirement in FY 2009 will be five percent of the award amount and in FY 2010 and each year thereafter the amount of match will be ten percent of the award amount.

**DATES:** To be considered, comments on this notice must be submitted by June 16, 2008. Subject to consideration of the comments submitted, the Department

intends to publish a final notice of any cost sharing requirement.

**ADDRESSES:** See Supplementary Information, Request for Comments section for addresses for submitting all comments concerning this proposal.

**FOR FURTHER INFORMATION CONTACT:** CDR Melissa Sanders, Team Leader, Healthcare Systems Preparedness Program, 202-245-0763

**SUPPLEMENTARY INFORMATION:** Authorized by section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA)

(Pub. L. 109–417), the HPP is a cooperative agreement program funded and administered by the Assistant Secretary for Preparedness and Response (ASPR). Its purpose is to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Currently there are 62 awardees comprised of the 50 States; the District of Columbia; the three metropolitan areas of New York City, Los Angeles County and Chicago; the Commonwealths of Puerto Rico and the Northern Mariana Islands; the territories of American Samoa, Guam and the U.S. Virgin Islands; the Federated States of Micronesia; and the Republics of Palau and the Marshall Islands.

Since the inception of the program in 2002 awardees have received funding through a statutory formula that employs a base allocation with an adjustment for population. PAHPA amended section 319C–1 and 319C–2 of the PHS Act to add certain accountability provisions.

Consistent with those accountability provisions, this notice proposes to introduce a cost sharing requirement for the HPP program as a concrete way of solidifying collaboration between States and the Federal government in assuring this program will achieve enhanced sustainability in healthcare system preparedness during and after the project period has ended.

ASPR proposes that awardees will make available, either directly or through donations from public or private entities non-Federal contributions in an amount equal to five percent of the award amount in FY 2009 and ten percent of the award amount in FY 2010 and each successive year for the duration of the program. Non-Federal contributions would be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the Federal government, or services assisted or subsidized to any significant extent by the Federal government, would not be included in determining the amount of such non-Federal contributions.

The cost sharing requirement would apply to the entire award amount received by the State from the U.S. Department of Health and Human Services through the HPP.

The cost sharing requirement would be implemented as a term and condition of the HPP award.

*Request for Comments:* The ASPR invites public comment on this notice to add a cost sharing requirement to the HPP. You may submit comments in one

of three ways (please choose only one of the ways listed):

- *E-mail:* CDR Melissa Sanders, [melissa.sanders@hhs.gov](mailto:melissa.sanders@hhs.gov).
- *Mail:* CDR Melissa Sanders, Team Leader, Healthcare Systems Preparedness Programs, HSS/OS/ASPR, 395 E Street, SW., 10th Floor, Suite 1075, Washington, DC 20201
- *Hand Delivery/Courier:* CDR Melissa Sanders, Team Leader, Healthcare Systems Preparedness Programs, HSS/OS/ASPR, 395 E Street., SW., 10th Floor, Suite 1075, Washington, DC 20201

Dated: May 9, 2008.

**RADM W. Craig Vanderwagon,**

*Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services.*

[FR Doc. E8–10970 Filed 5–15–08; 8:45 am]

**BILLING CODE 4150–45–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Program Reporting and Accountability Changes to the Hospital Preparedness Program (HPP)**

**AGENCY:** Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, ASPR (HHS).

**ACTION:** Notification of intent to fund and information on: (1) Maintenance of Funding (MOF); (2) Evidenced-Based Benchmarks and Objective Standards; (3) Reporting; (4) Funding Formula; (5) Withholding; and (6) Maximum Carryover Amount.

The final FY 2008 Funding Opportunity Announcement (FOA) for the Hospital Preparedness Program (HPP) will be available in the coming weeks at <http://www.grants.gov>.

**SUMMARY:** The Department of Health and Human Services (HHS or the Department) is issuing in the third quarter of FY 2008 a Funding Opportunity Announcement (FOA) for the HPP, authorized under section 319C–2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (Pub. L. 109–417). The Consolidated Appropriations Act, 2008, provides funding for these awards (Pub. L. 110–161). This **Federal Register** notice provides information concerning critical aspects of this program including:

- Program Background;
- Program Requirements:
  - Maintenance of Funding;
  - Evidenced Based Benchmarks and Objective Standards;

- Reporting;
- Funding Formula;
- Withholding;
- Maximum Carryover Amount;
- Important Dates.

**FOR FURTHER INFORMATION CONTACT:** CDR Melissa Sanders at (202) 245–0763, or [melissa.sanders@hhs.gov](mailto:melissa.sanders@hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Program Background**

Building on the lessons learned from the attacks of September 11th, 2001, and Hurricanes Katrina and Rita, PAHPA was enacted in December 2006 to improve the Nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural. PAHPA amended and added new sections to the PHS Act. Examples of these changes include: identifying the Secretary of Health and Human Services as the lead official for all Federal public health and medical responses to public health emergencies and other incidents covered by the National Response Framework; establishing the position of the Assistant Secretary for Preparedness and Response (ASPR), who will lead and coordinate HHS preparedness and response activities, advise the Secretary of HHS during an emergency, and lead the coordination of emergency preparedness and response efforts between HHS and other Federal agencies; consolidating Federal public health and medical response programs under the Assistant Secretary for Preparedness and Response (ASPR); requiring the development and implementation of the National Health Security Strategy; and reauthorizing the Public Health and Emergency Preparedness (PHEP) cooperative agreements administered by the CDC and the HPP grants administered by the ASPR. In addition to reauthorizing these two cooperative agreement programs, PAHPA amended these grant programs to add certain new requirements that awardees must meet. The purpose of this notice is to notify HPP awardees about critical aspects and requirements of the HPP as amended by PAHPA.

*Purpose:* The purpose of the Hospital Preparedness Program (HPP) is to provide funding to improve surge capacity and realize the following preparedness goals:

- Integration: Ensuring the integration of public and private medical capabilities with public health and other first responder systems, including—
  1. Periodically evaluating preparedness and response capabilities through drills and exercises; and