2. Estimated Hours Burden

For the mall intercept survey and related pretest, the FTC's contractor will screen respondents to identify parents with children ages 7 to 16 who have bought or rented a DVD movie for their child within the past year. Allowing for non-response, FTC staff estimates that the screening questions will be asked of approximately 2,000 respondents in order to obtain a large enough sample for the survey and the pretest. The FTC staff estimates that screening will require no more than two minutes per person for a maximum hour burden of 67 hours (2,000 respondents × 2 minutes for each).

The FTC intends to pretest the questionnaire on up to15 parents to ensure that all questions are easily understood, and expects that the pretest will require no more than 10 minutes per person. The hours burden imposed by the pretest will be approximately 2.5 hours (15 respondents × 10 minutes for each).

The FTC staff additionally estimates that the survey of 400 respondents also will require no more than 10 minutes per person or, cumulatively, approximately 67 hours (400 respondents × 10 minutes for each).

Thus, the estimated total hours burden attributable to the mall intercept survey is approximately 136 hours (67 + 2.5 + 67).

For the telephone survey and a pretest of the survey, the FTC's contractor will apply the same screening threshold, identifying respondents who are parents with children ages 7 to 16 who have bought or rented a DVD movie for their child within the past year. Allowing for non-response, the FTC staff estimates that the screening questions will be asked of approximately 9,000 respondents in order to obtain a large enough sample for the survey and the pretest. The FTC staff estimates that screening will require no more than one minute per person for a maximum hour burden of 150 hours (9,000 respondents × 1 minute for each).

The FTC intends to pretest the questionnaire on up to 15 parents to ensure that all questions are easily understood. The FTC expects that the pretest will require no more than 5 minutes per person. The hours burden imposed by the pretest will be approximately 1.3 hours (15 respondents × 5 minutes for each).

The FTC staff estimates that the survey of 1,000 respondents also will require no more than 5 minutes per person or 83.3 hours (1,000 respondents × 5 minutes for each).

Thus, the estimated total hours burden attributable to the telephone survey research is approximately 235 hours (150 + 1.3 + 83.3).

The combined total hours burden attributable to both research projects is 371 hours (235 + 136).

3. Estimated Cost Burden

The cost per respondent should be negligible. Participation is voluntary and will not require any labor expenditures by respondents nor capital, start-up, operation, maintenance, or other similar costs.

William Blumenthal,

General Counsel.

[FR Doc. E8–28848 Filed 12–4–08; 8:45 am]

BILLING CODE 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Marketing (BSC, NCHM)

Correction: This notice was published in the **Federal Register** on November 12, 2008, Volume 73, Number 219, pages 66900–66901. The meeting location was originally announced as CDC, 1600 Clifton Road, NE., Tom Harkin Global Communication Center, Building 21, Room 1204 A&B, Atlanta, Georgia 30333. The correct address for the meeting location is CDC, 1600 Clifton Road, NE., Tom Harkin Global Communication Center, Building 19, Auditorium B1/B2, Atlanta, Georgia 30333.

Times and Dates:

9 a.m.–5 p.m., December 8, 2008.

8:30 a.m.–12:30 p.m., December 9, 2008.

Contact Person for More Information: Dionne R. Mason, Committee Management Specialist, NCHM, 1600 Clifton Road, NE., Mail Stop E–21, Atlanta, Georgia 30333; Telephone (404) 498–2314, Fax (404) 498–2221.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: November 26, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8–28813 Filed 12–4–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No.: 0970–0353]

Submission for OMB Review; Comment Request

Title: Regional Partnership Grant (RPG) Program Data Collection.

Description: On September 30, 2007, the Administration for Children and Families (ACF), Children's Bureau, awarded multi-year grants to 53 regional partnership grantees (RPGs) to improve the safety, permanency and well-being of children affected by methamphetamine or other substance abuse who have been removed or are at risk of removal from their homes. The Child and Family Services Improvement Act of 2006, the authorizing legislation for the RPG program, required that a set of performance indicators be established to periodically assess the grantees' progress on achieving outcomes. The legislation mandated that these performance indicators be developed through a consultative process involving ACF, the Substance Abuse and Mental Health Services Administration (SAMHSA), and representatives of the State or Tribal agencies who are members of the regional partnerships.

The final set of RPG performance indicators was approved by ACF and disseminated to the funded grantees in January 2008. It includes a total of 23 indicators across four outcome domains: child/youth (9 indicators), adult (7 indicators), family/relationship (5 indicators), and regional partnership/service capacity (2 indicators). It also includes a core set of child and adult demographic elements that will provide important context needed to properly analyze, explain and understand the outcomes. No other national data collection measures these critical child, adult, family, and RPG outcomes specifically for these children and families. The data also will have significant implications for policy and program development for child well-being programs nationwide.

To minimize reporting burden, many of the data elements are already being collected by counties and States in order to report Federally mandated data for the Adoption and Foster Care Analysis and Reporting System (AFCARS), the Treatment Episode Data Set (TEDS) and the National Outcome Measures (NOMs); in addition, all States voluntarily submit data for the Federal National Child Abuse and Neglect Data System (NCANDS). Therefore, most