

addition to the HHS program should maintain a system for preparing separate reports of mentoring activity for each agency's program.

1.9 Selection of Protégé Firms

(a) Mentor firms will be solely responsible for selecting protégé firms. The mentor is encouraged to identify and select the types of protégé firms listed in Section 1.8.

(b) The selection of protégé firms by mentor firms may not be protested, except as in paragraph (c) of this section.

(c) Any dispute regarding the size or eligibility status of an entity selected by a mentor to be a protégé shall be referred to the HHS OSDDBU for referral to SBA for resolution.

1.10 Application and Agreement Process for Mentor-Protégé Teams To Participate in the Program

(a) Firms interested in becoming approved mentor-protégé participants must submit a joint written HHS Mentor-Protégé Agreement to the OSDDBU for review and approval. The Mentor-Protégé Agreement will be evaluated on the extent to which the mentor firm plans to provide developmental assistance. The information required in Section 1.10 (b) may be submitted electronically or in hard copy to be considered for approval of the Mentor-Protégé Agreement.

(b) The Mentor-Protégé Agreement must contain:

(1) Name and address of mentor and protégé firm and a point of contact within both firms who will oversee the agreement;

(2) A statement from the protégé representing that the firm is currently eligible as a small business to participate in the Mentor-Protégé program;

(3) A description of the type of developmental program that will be provided by the mentor firm to the protégé firm, to include a description of the subcontract work;

(4) A schedule with milestones for providing assistance;

(5) Criteria for evaluation of the protégé's developmental success to measure the effectiveness of the capabilities and how the mentor's assistance will potentially increase contracting and subcontracting opportunities for the protégé firm;

(6) An estimate of the total cost provided to the protégé by the mentor;

(7) Program participation term of 36 months with a mid-term review at the 18 month interval;

(8) A listing of the anticipated number and types of subcontracts to be awarded to the protégé firm;

(9) Termination procedures including procedures for the mentor firm to notify the protégé firm, OSDDBU, and the contracting officer, in writing, at least 30 days in advance of the mentor firm's intent to voluntarily withdraw from the program; and the procedures for a protégé firm to notify the mentor firm in writing at least 30 days in advance of the protégé firm's intent to voluntarily terminate the Mentor-Protégé Agreement;

(10) Plan for accomplishing work should the agreement be terminated;

(11) Other terms and conditions as appropriate;

(12) Signed agreement with signatures and dates.

1.11 HHS Review and Approval of Mentor-Protégé Application and Agreement

(a) The information specified in Section 1.10 is reviewed by the HHS OSDDBU. This review will be completed no later than 45 days after receipt by the OSDDBU, and written approval of the Mentor-Protégé Agreement will be provided to each party.

(b) Upon agreement approval, the mentor may implement the development assistance program.

(c) If the application is disapproved, the mentor-protégé team may provide additional information for reconsideration. The review of any supplemental material will be completed within 30 days after receipt by the OSDDBU.

1.12 Developmental Assistance

The forms of developmental assistance a mentor firm can provide to a protégé firm include:

- (a) Management guidance related to—
 - (1) Financial management
 - (2) Organizational management
 - (3) Overall business management/planning
 - (4) Business development
- (b) Technical assistance
- (c) Rent-free use of facilities and/or equipment
- (d) Temporary assignment of personnel to the protégé firm for the purpose of training
- (e) Property
- (f) Loans
- (g) Any other types of mutually beneficial assistance.

1.13 Obligation

(a) Mentor or protégé firms may voluntarily withdraw from the program as mutually agreed to by both the mentor and protégé firms. However, in no event shall such withdrawal impact the program mission and contract requirements under the prime contract.

(b) Mentor and protégé firms shall submit a "lessons learned" evaluation to the HHS OSDDBU at the conclusion of their effort.

1.14 Internal Controls

The HHS OSDDBU, in conjunction with the HHS small business specialists, will manage the program. Internal controls will be established by the HHS OSDDBU to achieve the stated program objectives (by serving as checks and balances against undesired actions or consequences) such as:

- (a) Reviewing and evaluating mentor applications for realism, validity, and accuracy of information provided;
- (b) Conducting a mid-term evaluation at an 18-month interval (out of a 36-month agreement) to measure protégé progress against the developmental plan contained in the approved agreement; and
- (c) Site visits, as appropriate, where Mentor-Protégé activity is on-going.

1.15 Reports

A written progress report shall be submitted by the mentor-protégé team to the

HHS OSDDBU at the mid-term (18 months) of the 36-month Mentor-Protégé Agreement.

1.16 Program Review

(a) At the conclusion of the mid-term 18-month period of the Mentor-Protégé Program (out of a 36-month agreement), the mentor/large prime contractor and protégé/small business shall formally brief the HHS OSDDBU regarding program accomplishments as pertains to the approved agreement.

(b) Mentor and protégé firms shall submit a "lessons-learned" evaluation to the HHS OSDDBU at the conclusion of their effort.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The Health Education Assistance Loan (HEAL) Program: Forms (OMB No. 0915-0034 Extension)

The HEAL program provided federally insured loans to assure the availability of funds for loans to eligible students to pay for their education costs. In order to administer and monitor the HEAL program the following forms are utilized: The Lenders Application for Contract of Federal Loan Insurance form (used by lenders to make application to the HEAL insurance program); the Borrower's Deferment Request form (used by borrowers to request deferments on HEAL loans and used by lenders to determine borrower's eligibility for deferment); the Borrower Loan Status update electronic submission (submitted monthly by lenders to the Secretary on the status of each loan); and the Loan Purchase/Consolidation electronic submission (submitted by lenders to the Secretary to

report sales, and purchases of HEAL loans).

The estimates of burden for the forms are as follows:

HRSA form	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Lender's Application for Contract of Federal Loan Insurance	13	1	13	0.13	2
Borrower's Deferment Request:					
Borrowers	58	1	58	0.17	10
Employers	43	1.34	58	0.08	5
Borrower Loan Status Update	8	13	104	0.17	18
Loan Purchase/Consolidation	1	1	1	0.07	.06
Total	123	234	35

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to *OIRA_submission@omb.eop.gov* or by fax to (202) 395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: July 15, 2009.

Alexandra Huttinger,
Director, Division of Policy Review and Coordination.

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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 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* or call the HRSA Reports Clearance Officer at (301) 443-1129.

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.

Proposed Project: Evaluation of the State Early Childhood Comprehensive Systems (ECCS) Grant Program: New

HRSA's Maternal and Child Health Bureau (MCHB) is conducting an assessment of MCHB's State Early Childhood Comprehensive Systems (ECCS) Grant Program. The purpose of the ECCS Grant Program is to assist States and Territories in their efforts to build and implement Statewide ECCS that support families and communities in their development of children that are healthy and ready to learn at school entry. These systems must be multi-agency and be comprised of the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social, and emotional development of all young children. Grantees are also charged with addressing seven key elements of early childhood comprehensive systems: (1) Governance, (2) financing, (3) communications, (4) family leadership development, (5) provider/practitioner support, (6) standards, and (7) monitoring/accountability. ECCS funding is offered to 52 States and Jurisdictions.

An evaluation will be conducted to: (1) Identify and analyze the strategies that grantees and partners are using to build comprehensive early childhood systems, (2) measure the level of progress grantees have made in meeting both the overarching Federal goals and objectives for ECCS grantees and those of their statewide plans, and (3) assess

the effectiveness of grantees' early childhood systems development activities. The information from the evaluation will supplement and enhance MCHB's current data collection efforts by providing a quantifiable, standardized, systematic mechanism for collecting information across the funded implementation grantees. The results will also provide MCHB with timely feedback on the achievements of the ECCS Program and identify potential areas for improvement which will inform program planning and operational decisions.

Data collection tools for which OMB approval is being requested include Web-based surveys, telephone interviews, and a Web-based indicator reporting system. Web-based surveys are intended to collect information from all grantees regarding the structure and functioning of the State Team, the nature of activities, and perceptions of progress made in achieving outcomes. One survey will be directed at ECCS Coordinators while a second similar, but shorter survey will be directed at selected State Team members (5 State Team members from each State). The telephone interviews will be conducted with ECCS Coordinators to collect more detailed information on how early childhood services have been integrated, challenges and successes of implementation, and how the activities are designed to improve the lives of children and families. ECCS Coordinators will also be asked to enter information on three early child and family outcome indicators and provide a theory of change, or rationale, on how a specific ECCS activity or set of related activities will produce a measurable change in each outcome indicator.

Respondents: ECCS Coordinators and State Team members from the 52 grantees will be the primary respondents for the instruments. The estimated response burden is as follows: