

Bucks in the target neighborhoods. Responses will be analyzed to assess organizations' motivations for participating in the program and any barriers or facilitators encountered. Because this survey will replace the post-season survey currently required by the DOHMH, it is not expected to place substantial new burden on this group of respondents. (2) A market managers' survey will be mailed to the manager at each market site. This survey is designed to assess barriers and facilitators to distributing and accepting Health Bucks, as well as factors influencing decisions to operate markets in underserved neighborhoods. (3) A similar survey will be distributed to farmers' market vendors to assess their experiences with the program and factors influencing their decisions to sell at markets in underserved neighborhoods. (4) In-person interviews will be conducted with an average of 30 consumers at each Health Bucks markets and 20 at non-Health Bucks

markets, for a total of about 2,300 consumers. The interviews will obtain information about consumers' access to fresh fruits and vegetables at farmers' markets and other sellers, fresh fruit and vegetable purchase and consumption, food insecurity, reasons for shopping at farmers' markets, and experiences with using Health Bucks and SNAP benefits at farmers' markets. (5) Similar information will be collected from random-digit dial telephone interviews of neighborhood residents. Approximately 1,000 residents will be surveyed, with equal sample sizes in each of the three New York City neighborhoods in which NYC Health Bucks operates. (6) Focus groups will be conducted with farmers' market vendors to obtain in-depth information about their motivations for operating in underserved neighborhoods and experiences with NYC Health Bucks. (7) Focus groups will be conducted with farmers' market consumers to obtain in-depth information about their

motivations for shopping at farmers' markets and experiences with NYC Health Bucks. All focus groups will incorporate appropriate representation of diverse ethnic groups, and the groups will be held in convenient locations in New York City to ensure participants can attend.

Farmers' market consumer and vendor surveys and the telephone survey of neighborhood residents will be available in English or Spanish.

The information collected in the evaluation study will be used to: assess the program's ability to improve nutrition behaviors among targeted participants; identify factors serving as barriers and facilitators to program implementation and expected outcomes; provide feedback to the DOHMH for the purposes of program improvement; and share results with other entities interested in implementing similar programs.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form type	Number of respondents	Number of responses per respondent	Average burden (in hours)	Total burden (in hours)
Local Community Organizations	Local Community Organization Survey	200	1	10/60	33
Farmers' Market Managers	Farmers' Market Managers Survey	90	1	8/60	12
Farmers' Market Vendors	Farmers' Market Vendor Survey	450	1	7/60	53
	Farmers' Market Vendor Focus Group	24	1	2	48
Farmers' Market Consumers	Consumer Point-of-Purchase Survey	2300	1	7/60	268
	Consumer Focus Group	48	1	2	96
NYC Health Bucks Neighborhood Residents.	Neighborhood Resident Survey	1000	1	9/60	150
Total	660

Dated: December 8, 2009.

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[FR Doc. E9-29974 Filed 12-16-09; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-09AS]

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

Management Information System for Comprehensive Cancer Control Programs—Existing Collection without an OMB Control Number—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Cancer Prevention and Control, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) currently funds the

National Comprehensive Cancer Control Program (NCCCP), which provides funding and technical support to all 50 states, the District of Columbia, seven Tribes/Tribal organizations, and seven territories/U.S. Pacific Island jurisdictions. The NCCCP was established to improve the integration and implementation of comprehensive cancer control (CCC) plans across funding and jurisdiction boundaries, and is an outgrowth of efforts involving CDC, the American Cancer Society, the National Cancer Institute, the American College of Surgeons, the North American Association of Central Cancer Registries, and public health leaders at the State and national levels.

All 65 NCCCP-funded programs are required to submit continuation applications and semi-annual progress reports describing performance plans and measures. To date, progress reports have been collected on templates that

serve as a guide, but do not standardize the information to be collected. The non-standardized approach to progress reporting has resulted in CCC program reports that vary in content and detail, and cannot be readily compiled to produce summary reports. OMB approval has not previously been obtained for the collection of this information.

CDC seeks OMB approval to implement a new database-driven Management Information System (MIS) for the collection of standardized progress and performance information. The MIS will achieve two objectives.

First, the MIS will provide an organized source of information about the activities and accomplishments of all funded NCCCP programs. Secondly, the electronic MIS will provide an efficient mechanism for generating State, regional, and national level summary reports.

Information reported through the MIS will be used by CDC to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate progress made in achieving program-specific goals, and obtain information needed to respond to Congressional and other inquiries

regarding program activities and effectiveness.

OMB approval is requested for a three-year period. Information will be collected electronically twice per year. The initial burden per response is estimated to be six hours. After respondents have become experienced with entering data, and the amount of new data to be entered decreases, the burden per response is expected to decrease. The total estimated annualized burden hours are 780. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
NCCCP grantees	65	2	6

Dated: December 11, 2009.

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Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9-30013 Filed 12-16-09; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-0604]

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

School Associated Violent Death Surveillance System (0920-0604)—Extension—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC) proposes to maintain a system for the surveillance of school-associated homicides and suicides. The system will rely on existing public records and interviews with law enforcement officials and school officials. The purpose of the system is to (1) estimate the rate of school-associated violent death in the United States and (2) identify common features of school-associated violent deaths. The system will contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

Violence is the leading cause of death among young people, and increasingly recognized as an important public health and social issue. In 2006, over 3,200 school aged children (5 to 18 years old) in the United States died violent deaths due to suicide, homicide, and unintentional firearm injuries. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. NCIPC conducted the first scientific study of school-associated violent deaths during the 1992-99 academic years to establish the true extent of this highly visible problem. Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has

been done to describe the nature and level of fatal violence associated with schools. Until NCIPC conducted the first nationwide investigation of violent deaths associated with schools, public health and education officials had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death.

The system will draw cases from the entire United States in attempting to capture all cases of school-associated violent deaths that have occurred. Investigators will review public records and published press reports concerning each school-associated violent death. For each identified case, investigators will also interview an investigating law enforcement official (defined as a police officer, police chief, or district attorney), and a school official (defined as a school principal, school superintendent, school counselor, school teacher, or school support staff) who are knowledgeable about the case in question. The investigators will interview 35 school officials annually. They will also interview 35 law enforcement officials annually. Researchers will request information on both the victim and alleged offender(s)—including demographic data, their academic and criminal records, and their relationship to one another. They will also collect data on the time and location of the death; the circumstances, motive, and method of the fatal injury; and the security and violence prevention activities in the school and community where the death occurred, before and after the fatal injury event. The