

stakeholders involved in the execution of the grant and in the efforts to make system changes. Grantees will complete systems web-based data entry on goals and operations every six months while agencies implementing home visiting

programs associated with the grantee will utilize the fidelity/cost Web-based data entry to provide EBHV program, provider, and participant characteristic along with yearly data on costs of home visiting programs.

Respondents

EBHV grantee and key staff/partner interview guide
(evaluators, home visitors and supervisors), partners, implementing agencies, home visiting participants, and home visitors.

ANNUAL BURDEN ESTIMATES

Instrument	Annual Number of respondents	Number of responses per respondent	Average burden hour per response	Estimated annual burden hours
EBHV grantee and key staff-partner interview guide	249	2	1.60	797
EBHV grantee systems web-based data entry	17	2	1.00	34
EBHV agency fidelity/cost web-based data entry	50	12	9.00	5,400
EBHV grantee data quality progress table	17	4	4.25	289
Participant-home visitor relationship questionnaire	4,716	2	0.25	2,358
Home visitor-participant relationship questionnaire	4,716	2	0.25	2,358
EBHV grantee-partner network survey	142	2	0.42	119

Estimated Total Burden Hours:
11,355.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: OPREinfocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: October 1, 2009.

Seth F. Chamberlain,

OPRE Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2010 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of intent to award a Single Source Grant to Link2Health Solutions, Inc.

SUMMARY: This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) intends to award approximately \$478,000 (total costs) for up to two years to Link2Health Solutions, Inc. This is not a formal request for applications. Assistance will be provided only to Link2Health Solutions, Inc. based on the receipt of a satisfactory application that is approved by an independent review group.

Funding Opportunity Title: SM-10-013.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 520(A) of the Public Health Service Act, as amended.

Justification: Only an application from Link2Health Solutions will be considered for funding under this announcement. Two-year funding has become available to assist SAMHSA in responding to the growing and pressing need to provide resources for individuals stressed by the nation's current economic crisis. It is considered most cost-effective and efficient to supplement the existing grantee for the National Suicide Prevention Lifeline and to build on the existing capacity and infrastructure within its network of crisis centers.

Link2Health Solutions is in the unique position to carry out the activities of this grant announcement because it is the current recipient of SAMHSA's cooperative agreement to manage the National Suicide Prevention Lifeline. As such, Link2Health Solutions has been maintaining the network communications system and has an existing relationship with the networked crisis centers.

The crisis centers that comprise the National Suicide Prevention Lifeline are a critical part of the nation's mental health safety net. Many crisis centers are experiencing significant increases in calls. The National Suicide Prevention Lifeline crisis centers require assistance to continue to play their critical role in providing support as well as emergency services to suicidal callers during these challenging economic times. In addition, the National Suicide Prevention Lifeline crisis centers are community resources that need to be utilized to reach out to those in their communities most at risk, including those currently impacted severely by the economy.

Contact: Shelly Hara, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Room 8-1095, Rockville, MD 20857; telephone: (240) 276-2306; E-mail: shelly.hara@samhsa.hhs.gov.

Toian Vaughn,

SAMHSA Committee Management Officer.

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