

Attach No.	Section/form or survey title	Use metrics/ month-# respond	Estimated time for site to complete minutes	Estimated burden (minutes/ hours)	Frequency of response	Total annual usage/annual burden hours
1w .....	8121 CTSU Data Transmittal Form* .....	40	5-10 .....	0.17	12.00	82
1x .....	Site Initiated Data Update Form, Protocol 8121.	10	5-10 .....	0.17	12.00	20
1y .....	USMCI 8214/Z6091: CTSU Data Trans- mittal *In Development.	50	5-10 .....	0.17	12.00	102
1z .....	USMCI 8214/Z6091 Crossover Request/ Checklist Transmittal Form.	5	5-10 .....	0.17	12.00	10
<b>Patient Enrollment</b>						
1aa .....	CTSU Patient Enrollment Transmittal Form	600	5-10 .....	0.17	12.00	1,224
1bb .....	CTSU P2C Enrollment Transmittal Form .....	30	5-10 .....	0.17	12.00	61
1cc .....	CTSU Transfer Form .....	40	5-10 .....	0.17	12.00	82
<b>Administrative</b>						
1dd .....	CTSU System Account Request Form .....	10	15-20 .....	0.33	12.00	40
1ee .....	CTSU Request for Clinical Brochure .....	35	10 .....	0.17	12.00	71
1ff .....	CTSU Supply Request Form .....	130	5-10 .....	0.17	12.00	265
<b>Surveys/Web Forms</b>						
2 .....	CTSU Web Site Customer Satisfaction Sur- vey.	250	10-15 .....	0.2500	1.00	63
3 .....	CTSU Helpdesk Customer Satisfaction Sur- vey.	300	10-15 .....	0.2500	1.00	75
4 .....	CTSU OPEN Survey .....	120	10-15 .....	0.2500	1.00	30
Annual Totals .....		21,770	.....	.....	.....	27,861

*Request for Comments:* Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Direct Comments to OMB:* Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Attention: NIH Desk Officer, Office of Management and Budget, at [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov) or by fax to 202-395-6974. To request more information on the proposed project or to obtain a copy of the data collection

plans and instruments, contact Michael Montello, Pharm. D., CTEP, 6130 Executive Blvd., Rockville, MD 20852. all non-toll-free number 301-435-9206 or e-mail your request, including your address to: [montellom@mail.nih.gov](mailto:montellom@mail.nih.gov).

*Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: September 7, 2010.

**Vivian Horovitch-Kelley,**  
NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2010-22710 Filed 9-10-10; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Family-to-Family Health Information Center Program

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) will be transferring the Vermont Family-to-Family Health Information Center (F2F

HIC) grant (H84MC00002) from the Parent to Parent (P2P) of Vermont to the Vermont Family Network, Inc. (VFN) in Williston, due to an organizational merger involving these entities and to ensure the continued provision of health resources, financing, related services, and parent-to-parent support for families with children and youth with special health care needs (CYSHCN) in the state of Vermont.

**FOR FURTHER INFORMATION CONTACT:** LaQuanta Person, Integrated Services Branch, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 18A-18, Rockville, MD 20857, via e-mail at [lperson@hrsa.gov](mailto:lperson@hrsa.gov) or call 301.443.2370.

#### SUPPLEMENTARY INFORMATION:

*Former Grantee of Record:* Parent to Parent of Vermont.

*Original Grant Period:* June 1, 2006 to May 31, 2011.

*Replacement Awardee:* Vermont Family Network, Inc.

*Amount of Replacement Award:* \$95,700 for the remainder of the project period.

*Period of Replacement Award:* The period of support for the replacement award is June 1, 2010 to May 31, 2011.

**Authority:** Section 501(c)(1)(A) of the Social Security Act, as amended.

*CFDA Number:* 93.504.

*Justification for the Exception to Competition:* The former grantee, P2P of Vermont, has relinquished all grants held under the P2P legal name due to an organizational merger with VFN. The former grantee has requested that HRSA transfer the F2F HIC funds to VFN in order to implement and carry out grant activities originally proposed under P2P of Vermont grant applications.

A single-source award was made to VFN because of the organizational merger of P2P into VFN and the following program determinations: (1) Continuing need for the project; (2) that the time required to obtain competition would seriously jeopardize the success of the project and put at risk the health of the people being served by the project; (3) that there will be no significant change in the scope or objectives (including any reduction) of the previously approved project or activity; (4) that the replacement recipient is eligible to receive the award and its facilities and resources allow for the successful performance of the project.

CYSHCN are defined as “those children and youth who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (American Academy of Pediatrics, 1998). This is particularly relevant since 2006 National survey data showed more than 17% of CYSHCN in Vermont had problems getting referrals to care. Also, because of changes occurring in State services and funding for CYSHCN, many families and providers alike need to be kept up to date on these changes so that they can access appropriate services. This center is urgently needed to address these gaps and disparities in information and services.

It is critical that VFN continue helping families of CYSHCN gain access to information they need to make informed health care decisions, be full partners in decisionmaking, and access needed resources/referrals and financing for those services in the state of Vermont. It is also imperative that the center continues to train and support health care providers and other professionals in public and private agencies who serve Vermont’s CYSHCN, helping them better understand the needs of children, youth and their families.

VFN will receive funding through May 31, 2011 to continue the same state-wide services as previously outlined in the originally competed and

approved grant application submitted by the P2P of Vermont. This replacement award will maintain Congress’ mandate under the 2005 Budget Deficit Reduction Act/Family Opportunity Act and the Patient Protection and Affordable Care Act (Pub. L. 111–148) that there shall be an F2F HIC in all 50 States and the District of Columbia by June 2009. It will also ensure that an F2F HIC will be accessible to families and professionals to continue providing essential information, referral and support services to families with CYSHCN throughout Vermont and in a manner which avoids any disruption of services.

Dated: September 3, 2010.

**Mary K. Wakefield,**

*Administrator.*

[FR Doc. 2010–22664 Filed 9–10–10; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Family-to-Family Health Information Center Program

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) will be transferring the Florida Family-to-Family Health Information Center (F2F HIC) grant (H84MC00006) from the Florida Institute of Family Involvement (FIFI) to the Family Café in Tallahassee due to financial difficulties resulting in closure of FIFI facilities and programs. This action ensures the continued provision of health resources, financing, related services and parent-to-parent support for families with children and youth with special health care needs (CYSHCN) in the state of Florida.

**FOR FURTHER INFORMATION CONTACT:** LaQuanta Person, Project Officer, Integrated Services Branch, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18A–18, Rockville, MD 20857; 301.443.2370; [lperson@hrsa.gov](mailto:lperson@hrsa.gov).

**SUPPLEMENTARY INFORMATION:**

*Former Grantee of Record:* Florida Institute of Family Involvement.

*Original Grant Period:* June 1, 2006 to May 31, 2011.

*Replacement Awardee:* The Family Café.

*Amount of Replacement Award:* Up to \$95,700 for the remaining of the project period.

*Period of Replacement Award:* The period of support for the replacement award is June 1, 2010 to May 31, 2011.

**Authority:** Section 501(c)(1)(A) of the Social Security Act, as amended.

*CFDA Number:* 93.504.

*Justification for the Exception to Competition:* The former grantee, FIFI, has relinquished all grants due to financial difficulties resulting in closure of FIFI facilities and programs. The former grantee has requested that HRSA transfer the F2F HIC funds to the Family Café in order to implement and carry out grant activities originally proposed under FIFI grant applications.

A single-source award was made to the Family Café because of the financial difficulties of FIFI and the following program determinations: (1) Continuing need for the project; (2) that the time required to obtain competition would seriously jeopardize the success of the project and put at risk the health of the people being served by the project; (3) that there will be no significant change in the scope or objectives (including any reduction) of the previously approved project or activity; (4) that the replacement recipient is eligible to receive the award and its facilities and resources allow for the successful performance of the project.

CYSHCN are defined as “those children and youth who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (American Academy of Pediatrics, 1998). This is particularly relevant since 2006 National survey data showed more than 26% of CYSHCN in Florida had problems getting referrals to care. Florida was ranked fourth nationally for the highest estimated number of CYSHCN in the state (551,263). In addition, because of changes occurring in state services and funding for CYSHCN, many families and providers alike need to be kept up to date on these changes so that they can access appropriate services. This center is urgently needed to address these gaps and disparities in information and services. It is critical that the Family Café continue helping families of CYSHCN gain access to information they need to make informed health care decisions, be full partners in decision-making and access needed resources/referrals and financing for those services in the state of Florida. It is also imperative that the center continues to