

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. Written comments should be received within 60 days of this notice.

Proposed Project

“Characteristics of Mine Worker Resilience in Emergency Escape”—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91–173 as amended by Publ. L. 95–164 (Federal Mine Safety and Health Act of 1977) has the responsibility to conduct research to improve working conditions and to prevent accidents and occupational diseases in underground coal mining.

A mine emergency poses substantial psychological and emotional challenges for the miners and personnel who need to respond to an underground coal mining incident or escape from an underground mine. Psychological issues can continue to be a problem after the incident takes place, as evidenced by a number of suicides and loss of experienced mining and rescue personnel in the aftermath of mining disasters over the past decade. While attention has been paid to the products and technologies needed to prevent and respond to mine emergencies, the personal factors that influence resilience in emergency situations, especially those necessary for self-escape, have been largely overlooked.

Resilience has been defined in a number of ways; this task will initially define resilience as the psychological and social characteristics of an individual miner and mine crew that help them to withstand significant adversity and to “bounce back” after a trauma. The authors of *Strategies for Escape and Rescue from Underground Coal Mines* concluded that developing resilient miners, who are able to respond and self-escape if necessary, is needed to improve emergency response in the U.S. underground coal industry [Alexander, *et al.* 2010]. Furthermore, it

is crucial to develop miners and mining crews who are equipped with the psycho-social resilience needed pre-, during, and post-event to support positive self-escape behaviors.

The goal of this task is to define and measure resiliency in underground coal miners and mine crews through a survey instrument, and to recommend ways to increase their resilience such that they are psychologically prepared to self-escape and can psychologically recover in a healthy manner after a mine emergency.

To accomplish this goal, NIOSH researchers will field test a measure of resiliency they have designed. A survey will be administered to 200 underground coal miners. The survey is designed to assess miners' resiliency. NIOSH will use the results of the survey to adapt and disseminate the measure. Eventually, the measure will provide data on miners' resiliency which, in the next phase of the task, will result in organizational interventions for a more psychologically resilient workforce. All participants will be between the ages of 18 and 65, currently employed, and living in the United States.

Findings will be used to improve the definition and measure of resilience in coal mining. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Miners and Crew	200	1	30/60	100
Total	100

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Carol E. Walker,
Reports Clearance Officer, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–11BP]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on

proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Carol Walker, Acting CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Community-based Organization (CBO) Monitoring and Evaluation of WILLOW (CMEP–WILLOW)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC began formally partnering with CBOs in the late 1980s to expand the reach of HIV prevention efforts. CBOs were, and continue to be, recognized as important partners in HIV prevention

because of their history and credibility with target populations and their access to groups that may not be easily reached. Over time, CDC's program for HIV prevention by CBOs has grown in size, scope, and complexity to respond to changes in the epidemic, including the diffusion and implementation of Effective Behavioral Interventions (EBIs) for HIV prevention.

CDC's EBIs have been shown to be effective under controlled research environments, but there is limited data on intervention implementation and client outcomes in real-world settings (as implemented by CDC-funded CBOs). The purpose of CMEP-WILLOW is to (a) assess the fidelity of the implementation of the selected intervention at the CBO; and (b) improve the performance of CDC-funded CBOs delivering the WILLOW intervention by monitoring changes in clients' self-reported attitudes and beliefs regarding HIV and HIV transmission risk behaviors after participating in WILLOW. The project also plans to conduct process monitoring of the delivery of the

intervention in terms of recruitment, retention, and data collection, entry, and management. Four CBOs will receive supplemental funding under PS 10-1003 over a five-year period to participate in CMEP-WILLOW.

CBOs will conduct outcome and process monitoring of the project between July 1, 2011 and June 30, 2015. They will recruit 400 women living with HIV who are 18 years of age and older, have known their positive HIV status for at least 6 months, and are enrolled in the WILLOW intervention to participate in CMEP-WILLOW. Each participant will complete a 20 minute, self administered, computer based interview prior to their participation in the WILLOW intervention and an 18 minute, self administered, computer based interview at two follow-up time points (90- and 180-days following the WILLOW intervention) to assess their HIV-related attitudes and behavioral risks. CBOs will be expected to retain 80% of these participants at both follow-up time points.

Throughout the project, funded CBOs will be responsible for managing the daily procedures of CMEP-WILLOW to ensure that all required activities are performed, all deadlines are met, and quality assurance plans, policies and procedures are upheld. CBOs will be responsible for participating in all CDC-sponsored grantee meetings related to CMEP-WILLOW.

Findings from this project will be primarily used by the participating CBOs. The CBOs may use the findings to (a) better understand if the outcomes are different across demographic and behavioral risk groups as well as agency and program model characteristics; (b) improve the future implementation, management, and quality of WILLOW; and (c) guide their overall HIV prevention programming for women living with HIV. CDC and other organizations interested in behavioral outcome monitoring of WILLOW or similar HIV prevention interventions can also benefit from lessons learned through this project.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden response (in Hours)	Total burden (in Hours)
General population	Screener	400	1	2/60	13
General population	Baseline Interview	400	1	20/60	133
General population	90-day Follow-up Interview.	320	1	18/60	96
General population	180-day Follow-up Interview.	320	1	18/60	96
Total	338

Dated: January 26, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Help America Vote Act (HAVA) Voting Access Application and Annual Report.

OMB No: 0970-0327.

Description: This is a revision to include the application for the previously cleared Help America Vote Act (HAVA) Annual report, Payments to States and Units of Local Government (42 U.S.C. 15421).

The Help America Vote Act (HAVA) application to States and Units of Local Government is required by Federal statute and regulation. Each State or Unit of Local Government must prepare an application to receive funds under the Help America Vote Act (HAVA), Public Law 107-252, Title II, Subtitle D, Part 2, Sections 261 to 265, Payments to States and Units of Local Government to Assure Access for Individuals with Disabilities (42 U.S.C. 15421-25). The application is provided in writing to the Administration for Children and Families, Administration on Developmental Disabilities.

An annual report is required by Federal statute (the Help America Vote Act (HAVA) of 2002, Public Law 107-252, Section 261, Payments to States and Units of Local Government, 42 U.S.C. 15421). Each State or Unit of Local Government must prepare and submit an annual report at the end of every fiscal year. The report addresses the activities conducted with the funds provided during the year. The information collected from the annual report will be aggregated into an annual profile of how States have utilized the funds and establish best practices for election officials. It will also provide an overview of the State election goals and accomplishments and permit the Administration on Developmental Disabilities to track voting progress to monitor grant activities.

Respondents