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*Office of the Secretary, HHS PRA Reports
 Clearance Officer.*
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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

[30-day notice]

**Agency Information Collection
 Request. 30-Day Public Comment
 Request, Grants.gov**

AGENCY: Office of the Secretary, HHS.
 In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed

information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, to *Ed.Calimag@hhs.gov*, or call the Reports Clearance Office on (202) 205-1193. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the Grants.gov OMB Desk Officer; faxed to OMB at 202-395-6974.

Proposed Project: The SF-424A Budget Information—Non-Construction Programs—Reinstatement with Change—OMB No. 4040-0006—Grants.gov Office.

Abstract: Grants.gov is requesting OMB approval to reinstate with change the previously approved the SF-424A Budget Information—Non-Construction Programs (SF-424A) form (4040-0006) for three years. We are renewing the form with two proposed changes to the instructions only. In the "General Instructions" section, the following sentence is added as the last sentence: "In ALL cases total funding budgets should be reflected NOT only incremental budget request changes." Also, in the "Section B Budget Categories" section, the last sentence is revised as follows: "For each program, function or activity, fill in the total requirements for funds, Federal funding only, by object class categories."

The SF-424A is used to provide budget information when applying for non-construction Federal grants. The Federal awarding agencies use information reported on the form for the evaluation of award and general management of Federal assistance program awards.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Agency	SF-424A number of annual respondents	Number of responses per respondent	Total annual responses	Average burden on respondent per response in hours	Total burden hours
CNCS	0	1	0	1	0
COMMERCE	6151	1	6151	1	6151
DHS	2493	1	2493	1	2493
DOD	5	1	5	1	5
DOE	0	1	0	1	0
DOI	1144	1	1144	1	1144
DOL	2265	1	2265	1	2265
DOT	893	1	893	1	893
ED	0	1	0	1	0
EPA	4000	1	4000	1	4000
HHS	12682	1	12682	1	12682
HUD	0	1	0	1	0
IMLS	0	1	0	1	0
NARA	0	1	0	1	0
NASA	0	1	0	1	0
NEA	0	1	0	1	0
NEH	0	1	0	1	0
NIST	446	1	446	1	446
NRC	233	1	233	1	233
NSF	0	1	0	1	0
SBA	827	1	827	1	827
SSA	115	1	115	1	115
STATE	0	1	0	1	0
TREASURY	478	1	478	1	478
USAID	304	1	304	1	304
USDA	9027	1	9027	1	9027
USDOJ	77	1	77	1	77
VA	200	1	200	1	200
Total	41,340	41,340	41,340

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Office of the Secretary, HHS PRA Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Determination That a Demonstration Needle Exchange Program Would be Effective in Reducing Drug Abuse and the Risk of Acquired Immune Deficiency Syndrome Infection Among Intravenous Drug Users

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Surgeon General of the United States Public Health Service, VADM Regina Benjamin, M.D., M.B.A., has determined that a demonstration needle exchange program (or more appropriately called syringe services program or SSP) would be effective in reducing drug abuse and the risk of infection with the etiologic agent for acquired immune deficiency syndrome. This determination reflects the scientific evidence supporting the important public health benefit of SSPs, and is necessary to meet the statutory requirement permitting the expenditure of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds for SSPs.

FOR FURTHER INFORMATION CONTACT: Substance Abuse and Mental Health Services Administration (SAMHSA), 1 Choke Cherry Road, Rockville, Maryland, attention John Campbell, 240-276-2891.

SUPPLEMENTARY INFORMATION: The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration administers the SAPT Block Grant authorized in section 1921 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. 300x-21). Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-31(a)(1)(F)) prohibits the expenditure of SAPT Block Grant funds to "* * * carry out any program prohibited by section 256(b) of the Health Omnibus Programs Extension Act of 1988" (42 U.S.C. 300ee-5). Section 256(b) prohibits the use of "* * * funds provided under this Act or an amendment made by this Act...to provide individuals with hypodermic needles or syringes * * * unless the Surgeon General of the Public Health Service determines that a demonstration

needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome."

SSPs are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that SSPs also promote entry and retention into treatment (Hagan, McGough, Thiede, et al., 2000, Journal of Substance Abuse Treatment, 19, 247-252). According to research that tracks individuals in treatment over extended periods of time, most people who get into and remain in treatment can reduce or stop using illegal or dangerous drugs. In addition to promoting entry to treatment, there are studies that document injection reductions for drug users who participate in SSPs. Hagan, *et al.*, found that, not only were new SSP participants five times more likely to enter drug treatment than non-SSP participants, former SSP participants were more likely to report significant reduction in injection, to stop injecting altogether, and to remain in drug treatment. A summary of the research on SSPs is available at <http://www.samhsa.gov/ssp>.

The Surgeon General of the United States Public Health Service has therefore determined that a demonstration syringe services program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome. The Department of Health and Human Services plans to issue guidelines regarding implementation requirements for SSPs based on this determination.

Dated: February 17, 2011.

Kathleen Sebelius,
Secretary.

[FR Doc. 2011-3990 Filed 2-18-11; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C.,

as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable materials, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Neurological Disorders and Stroke Initial Review Group, Neurological Sciences and Disorders K.

Date: March 10-11, 2011.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Melrose Hotel, 2430 Pennsylvania Avenue, NW., Washington, DC 20037.

Contact Person: Shanta Rajaram, PhD, Scientific Review Officer, Scientific Review Branch, NINDS/NIH/DHHS, Neuroscience Center, 6001 Executive Blvd., Suite 3208, MSC 9529, Bethesda, MD 20892. 301-435-6033. rajarams@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.853, Clinical Research Related to Neurological Disorders; 93.854, Biological Basis Research in the Neurosciences, National Institutes of Health, HHS)

Dated: February 16, 2011.

Anna P. Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011-4014 Filed 2-22-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of General Medical Sciences Special Emphasis Panel, PSI Biology Meeting.

Date: March 11, 2011.

Time: 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.