such as large print or Braille) should notify Genevieve Swift, PCPID Executive Administrative Assistant, via e-mail at *Edith.Swift@acf.hhs.gov,* or via telephone at 202–619–0634, no later than June 10, 2011. PCPID will attempt to meet requests for accommodations made after that date, but cannot guarantee ability to grant requests received after this deadline. All meeting sites are barrier free.

Agenda: PCPID will meet to swear-in the new members of the Committee and set the agenda for the coming year.

Additional Information: For further information, please contact Laverdia Taylor Roach, Director, President's Committee for People with Intellectual Disabilities, The Aerospace Center, Second Floor West, 370 L'Enfant Promenade, SW., Washington, DC 20447. Telephone: 202–619–0634. Fax: 202–205–9519. E-mail: *LRoach@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: PCPID acts in an advisory capacity to the President and the Secretary of Health and Human Services, through the Administration on Developmental Disabilities, on a broad range of topics relating to programs, services and supports for persons with intellectual disabilities. The PCPID Executive Order stipulates that the Committee shall: (1) Provide such advice concerning intellectual disabilities as the President or the Secretary of Health and Human Services may request; and (2) provide advice to the President concerning the following for people with intellectual disabilities: (A) Expansion of educational opportunities; (B) promotion of homeownership; (C) assurance of workplace integration; (D) improvement of transportation options; (E) expansion of full access to community living; and (F) increasing access to assistive and universally designed technologies.

Dated: May 13, 2011.

Sharon Lewis,

Commissioner, Administration on Developmental Disabilities.

[FR Doc. 2011–12508 Filed 5–19–11; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2006–D–0094]

Guidance for Industry and Food and Drug Administration Staff; Class II Special Controls; Guidance Document: Topical Oxygen Chamber for Extremities; Availability; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of April 25, 2011 (76 FR 22906). The document announced the availability of the guidance entitled "Guidance for Industry and Food and Drug Administration Staff; Class II Special Controls Guidance Documents: Topical Oxygen Chamber for Extremities." The document published inadvertently with outdated information in the **ADDRESSES**, **FOR FURTHER INFORMATION CONTACT**, and Electronic Access sections. This document corrects those errors.

FOR FURTHER INFORMATION CONTACT: Charles N. Durfor, Center for Devices and Radiological Health, 10903 New Hampshire Ave., Bldg. 66, Rm. G424, Silver Spring, MD 20993–0002, 301–796–6438.

SUPPLEMENTARY INFORMATION: In FR Doc. 2011–9898, appearing on page 22906, in the **Federal Register** of Monday, April 25, 2011, *the following corrections are made:*

1. On page 22906, in the first column, correct the **ADDRESSES** caption to read: **ADDRESSES:** Submit written request for single copies of the guidance document entitled "Class II Special Controls Guidance Document: Topical Oxygen Chamber for Extremities" to the Division of Small Manufacturers, International, and Consumer Assistance, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 4613, Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist that office in processing your request, or fax your request to 301–847–8149. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance.

Submit electronic comments on the guidance to *http://www.regulations.gov.* Submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

2. On page 22906, in the second column, correct the **FOR FURTHER INFORMATION CONTACT** caption to read:

FOR FURTHER INFORMATION CONTACT: Charles N. Durfor, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, rm. G424, Silver Spring, MD 20993–0002, 301–796–6438.

3. On page 22906, in the third column, correct the Electronic Access caption to read:

III. Electronic Access

Persons interested in obtaining a copy of the guidance may do so by using the Internet. A search capability for all CDRH guidance documents is available at *http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/default.htm.* Guidance documents are available at *http://www.regulations.gov.* To receive "Class II Special Controls Guidance Document: Topical Oxygen Chamber for Extremities" you may send an e-mail request to *dismica@fda.hhs.gov* to receive an electronic copy of the document or send a fax request to 301–847–8149 to receive a hard copy. Please use the document number 1582 to identify the guidance you are requesting.

Dated: *May 17, 2011.*

Nancy K. Stade,

Deputy Director for Policy, Center for Devices and Radiological Health.

[FR Doc. 2011–12409 Filed 5–19–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail *paperwork@hrsa.gov* or call the HRSA

Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

Proposed Project: BHPr Performance Report for Grants and Cooperative Agreements (OMB No. 0915–0061)—Revision

The HRSA Bureau of Health Professions (BHPr) is revising and updating its existing performance data collection system that is used to monitor and assess its grantee and program performance. The system was formally referred to as the Uniform Progress Report but is now referenced as the BHPr Performance Report for Grants and Cooperative Agreements to be referred to as the BPR. The BHPr Performance Report for Grants and Cooperative Agreements is a critical information and data management tool that supports BHPr in monitoring grantee activities funded by Title III, Title VII, and Title VIII of the Public Health Service Act. The data collected helps to assess the grantee's success in achieving project objectives as well as BHPr's cross-cutting programmatic goals. The current reporting system is comprised of two sets of measures. Part I of the performance report collects information on program-specific activities and Part II collects information on a set of cluster measures that are related to BHPr's strategic goals, objectives, and outcomes.

The principal impetus for this review was the need to renew the Paperwork Reduction Act clearance of the data collection. In addition, the Affordable Care Act reauthorized many of these programs and the data collected needs to address shifts in programmatic emphases, as well as better account for the number of primary care providers trained. The review and revision seeks to insure that all of the critical outputs and outcomes that BHPr programs are charged with accomplishing are represented in the data collected at all points in the grantee process, including in the application, at award, and annually after award. For instance, baseline information at application is necessary as a means to identify performance trends and outcomes. The revised reporting system will provide an easier format and thus more flexibility for grantees to report quantitative and qualitative information on project targets and outcomes. BHPr will better be able to analyze grantee projections and accomplishments across program objectives.

Over the last few months, BHPr staff has been reviewing existing measures and methodologies for measuring program impact, exploring the extent to which development of new measures or adaptation of existing measures is appropriate for specific programs, eliminating data duplication and unnecessary reporting burden, and identifying cross-cutting areas and common performance measures. Existing data collection forms and accompanying guidance, including data definitions and descriptions of data sources, have been examined and revised as needed to support revised performance measures. Discussions were held, whenever possible, with current grantees to involve them in the review and revision process.

This process has resulted in a set of refined measures, tools, and guidance to provide more accurate and programmatically relevant data for Government Performance and Results Act (GPRA) and other reporting as well as to support evaluation activities. In addition to continuing the use of aggregated data for most program reporting, individual-level data collections have been added in selected specific program areas, including programs that produce primary care providers and programs designed to increase the diversity of the health workforce. Finally, limited data will be collected in applications and/or at the time of award to provide baseline data against which to measure progress.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Performance Baselines and Targets	1500	1	1500	2	3,000
BHPr Annual Performance Report	1500	1	1500	9.5	14,250
Total	1500		1500	11.5	17,250

The estimated annual burden for the new data collection is only a little higher than the data collection approved in the recent extension. This net increase in number of hours per response reflects some reductions due to eliminating unneeded data tables and improved electronic reporting, as well as some increases due to new data collection forms. The performance baseline and target information is not requesting new information from the grantees. In most cases, applicants currently provide the requested information in various places within the application. The new data forms provide a standard format for collecting this information so HRSA can more easily analyze the data properly.

E-mail comments to *paperwork@hrsa.gov* or mail comments to the HRSA Reports Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received by the Reports Clearance Officer within 60 days of this notice.

Dated: May 16, 2011.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2011–12475 Filed 5–19–11; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Part F Special Projects of National Significance Program Cooperative Agreement Under the Ryan White HIV/AIDS Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Non-Competitive Award of Part F Funds for the Special Projects of National Significance (SPNS) Program's Emory University, the Enhancing Linkages to HIV Care and Treatment in Jail Settings Initiative,