

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: BHPPr Performance Report for Grants and Cooperative Agreements (OMB No. 0915-0061)—Revision**

The HRSA Bureau of Health Professions (BHPPr) 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 BHPPr Performance Report for Grants and Cooperative Agreements to be referred to as the BPR. The BHPPr Performance Report for Grants and Cooperative Agreements is a critical information and data management tool that supports BHPPr 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 BHPPr'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 BHPPr'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 BHPPr 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. BHPPr will better be able to analyze grantee projections and accomplishments across program objectives.

Over the last few months, BHPPr 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
BHPPr Annual Performance Report .....	1500	1	1500	9.5	14,250
<b>Total .....</b>	<b>1500</b>	<b>.....</b>	<b>1500</b>	<b>11.5</b>	<b>17,250</b>

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](mailto: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.*

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**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,

Evaluation and Support Center. This supplement will cover the time period from September 1, 2011, through August 31, 2012.

**SUMMARY:** This **Federal Register** notice announces the non-competitive extension of Emory University, the Enhancing Linkages to HIV Care and Treatment in Jail Settings Initiative, Evaluation and Support Center (hereafter referred to as the Enhancing Linkages ESC), in order to complete data collection, analysis, and dissemination of effective models for linking HIV positive individuals in jail settings to HIV care and services in the community upon their release. The findings generated by this Initiative are capable of impacting service delivery systems and increase linkages to critical HIV care and support services if the model programs can be adapted in jails and HIV service delivery settings across the United States, as well as to demonstrate that HIV testing and linkage to care in jail settings, and transitioning individuals to HIV care and treatment in the community is feasible and effective.

**SUPPLEMENTARY INFORMATION:**

*Grantee of record:* Emory University.  
*Amount of the award:* \$550,000.

**Authority:** Section 2691 of the Public Health Service Act, 42 U.S.C. 300ff-101.

*CFDA Number:* 93.928.

*Project period:* September 1, 2006, to August 31, 2011. The period of support for this award is from September 1, 2011, to August 31, 2012.

**Justification for the Exception to Competition**

Emory University's Enhancing Linkages ESC has provided substantial programmatic and evaluation technical

assistance, received client and program level data from 10 demonstration sites, and disseminated preliminary descriptive information on demonstration sites' linkage models. This is a temporary extension with Part F Funds, as the grant recipient did not begin receiving client and program level data from the demonstration sites until late into the third year of the ESC's project period. This was due to demonstration sites' delays in receiving required human subjects research approvals. The SPNS Enhancing Linkages ESC is the best qualified Grantee to ensure the continuity of data collection protocols, data integrity and security until all client and program level data has been submitted and analyzed.

**FOR FURTHER INFORMATION CONTACT:**

Adan Cajina, by e-mail [acajina@hrsa.gov](mailto:acajina@hrsa.gov), or via telephone, 301-443-3180.

Dated: May 13, 2011.

**Mary K. Wakefield,**  
*Administrator.*

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**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 Supplemental Award of the Ryan White HIV/AIDS Program Part F Funds for the Special Projects of National Significance (SPNS) Program's Enhancing Linkages to HIV Care and Treatment in Jail Settings Initiative, Demonstration Sites. This supplement will cover the time period from September 1, 2011, through August 31, 2012.

**SUMMARY:** This **Federal Register** notice announces the non-competitive extension with funds of the Enhancing Linkages to HIV Care and Treatment in Jail Settings Initiative, Demonstration Sites (hereafter referred to as the SPNS Enhancing Linkages Initiative) in order to complete linkages to HIV medical care and support services for HIV positive individuals returning from jail settings to the community, follow-up data collection, analysis and dissemination of findings and lessons learned. The findings generated by this Initiative are capable of impacting service delivery systems and increasing linkages to critical HIV care and support services if the model programs can be adapted in jails and HIV service delivery settings across the United States, as well as to demonstrate that HIV testing and linkage to care in jail settings, and transitioning individuals to HIV care and treatment in the community is feasible and effective.

**SUPPLEMENTARY INFORMATION:**

**GRANTEES OF RECORD AND INTENDED AWARD AMOUNTS**

Grantee/organization name	State	Grant No.	FY 2010 authorized funding level	FY 2011 authorized funding level
University of Illinois @ Chicago/The Board Of Trustees of The University of Illinois.	IL	H97HA08534	\$399,424	\$296,937
Miriam Hospital (The) .....	RI	H97HA08535	399,991	299,109
AID Atlanta .....	GA	H97HA08536	399,997	299,602
Baystate Medical Center .....	MA	H97HA08537	400,000	300,000
New York City Department of Health & Mental Hygiene .....	NY	H97HA08538	400,000	300,000
AIDS Care Group .....	PA	H97HA08539	400,000	300,000
Philadelphia FIGHT .....	PA	H97HA08540	400,000	300,000
Yale University .....	CT	H97HA08541	400,000	300,000
University of South Carolina Research Foundation .....	SC	H97HA08542	400,000	300,000
Care Alliance Health Center .....	OH	H97HA08543	400,000	300,000

This list is sorted by Grant Number.

**Authority:** Section 2691 of the Public Health Service Act, 42 U.S.C. 300ff-101.

*CFDA Number:* 93.928.

*Project period:* September 1, 2007, to August 31, 2011. The period of support for the supplemental awards is from September 1, 2011 to August 31, 2012.

**Justification for the Exception to Competition**

Critical funding for linkages to HIV medical care, treatment services and supportive services to clients enrolled