

Estimated Annual Costs to the Federal Government

research. The total budget for this two year study is \$458,812.

Exhibit 3 shows the total and annualized cost for conducting this

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total	Annualized cost
Project Administration	\$60,511	\$30,256
Initial Antibigram Development and Implementation	47,618	23,809
Expansion of Antibigram Development and Implementation	36,948	18,474
Toolkit—Development and Refinement	92,688	46,344
Evaluation	153,978	76,989
Final Report and Dissemination	67,071	33,536
Total	458,812	229,406

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: May 20, 2011.

Carolyn M. Clancy,
Director.

[FR Doc. 2011–13742 Filed 6–2–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–0106]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of

information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Preventive Health and Health Services Block Grant (OMB No. 0920–0106, exp. 8/31/2011)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Preventive Health and Health Services Block Grant program provides awardees with their primary source of flexible funding for health promotion and disease prevention programs. Sixty-one awardees (50 states, the District of Columbia, two American Indian Tribes, and eight U.S. territories) currently receive block grants from CDC in order to address locally-defined public health needs in innovative ways. Block Grants allow awardees to prioritize the use of funds to fill funding gaps in programs that deal with the leading causes of death and disability. Block Grants also improve awardees’ ability to respond rapidly to emerging health issues.

CDC currently collects standardized application and performance information from each awardee through a web-based system called the Block Grant Management Information System (BGMIS). As required by the authorizing legislation for the Block Grant program, the BGMIS collects information by the

areas described in Healthy People National Health Objectives, and improves adherence to its goals. The BGMIS requires awardees to enter their objectives in SMART (Specific, Measurable, Achievable, Realistic, and Time-based) format, and to use evidence based guidelines and best practices as the basis for public health programs and interventions. Finally, the BGMIS information collection includes a Compliance Review section, which provides feedback to each awardee pertaining to its past reviews.

Information will be collected from awardees twice per year, once for the annual Work Plan, and once for the Annual Report. CDC will continue to use the information collected from Block Grant awardees to provide oversight and direction to recipients and to inform CDC management, decision makers, and the general public about PHHS Block Grant allocations, activities, and outcomes. There are no changes to the information being collected during the period of this Revision request, however, there are expected reductions in the estimated burden per response for both the Work Plan and the Annual Report. These reductions are due to changes in the BGMIS, which has been modified to allow pre-population of some fields. Respondents will only need to update information already entered into the system, thus improving the efficiency of reporting and reducing the burden per response. In addition, the guidance documents for both information collections are being revised to improve their usability.

All information is collected electronically. There are no costs to respondents other than their time. The estimated annualized burden hours are 2,135.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHHS Block Grant Awardees	Work Plan	61	1	20
	Annual Report	61	1	15

Dated: May 27, 2011.
Daniel Holcomb,
Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 2011-13762 Filed 6-2-11; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP); Initial Review

The meeting announced below concerns Human Immunodeficiency Virus (HIV) Prevention Projects for Young Men of Color, Funding Opportunity Announcement (FOA) PS11-1113, initial review.

Correction: The notice was published in the **Federal Register** on February 22, 2011, Volume 76, Number 35, Pages 9785-9786. The place should read as follows:

Place: Hilton Atlanta Hotel, 255 Courtland Street, NE., Atlanta, Georgia 30303, *Telephone:* (404) 659-2000.

Contact Person for More Information: Harriette Lynch, Public Health Analyst, Extramural Programs, National Center for HIV, Hepatitis and Sexually Transmitted Diseases Prevention, CDC, 1600 Clifton Road, NE., Mailstop E-60, Atlanta, Georgia 30333, *Telephone:* (404) 498-2726, e-mail *HLynch@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 25, 2011.
Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.
 [FR Doc. 2011-13767 Filed 6-2-11; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: State Court Improvement Program.
OMB No. 0970-0307.

Description

From the funds appropriated for the Promoting Safe and Stable Families Program (PSSF), \$10 million is reserved annually for each of three grants to facilitate the State Court Improvement Program (CIP) to facilitate court improvement in the handling of child abuse and neglect cases.

The Court Improvement Program (CIP) is composed of three grants, the

basic, data, and training grants, governed by two separate Program Instructions (PIs). The training and data grants are governed by the "new grant" PI and the basic grant is governed by the "basic grant" PI. Current PIs require separate applications and program assessment reports for each grant. Every State applies for at least two of the grants annually and most States apply for all three. As many of the application requirements are the same for all three grants, this results in duplicative work and high degrees of repetition for State courts applying for more than one CIP grant.

The purpose of this Program Instruction is to streamline and simplify the application and reporting processes by consolidating the PIs into one single PI and requiring one single, consolidated application package and program assessment report per State court annually. These revisions will satisfy statutory programmatic requirements and reduce both the number of required responses and associated total burden hours for State courts. This new PI also describes programmatic and fiscal provisions and reporting requirements for the grants, specifies the application submittal and approval procedures for the grants for fiscal years 2012 through 2015, and identifies technical resources for use by State courts during the course of the grants. The agency uses the information received to ensure compliance with the statute and provide training and technical assistance to the grantees.

Respondents: State Courts.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application	52	1	92	4,784
Annual Reports	52	1	86	4,472

Estimated Total Annual Burden Hours: 9,256.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment

on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration,

Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. *E-mail address:* *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.