

TABLE 2—ESTIMATE OF BURDEN FOR SUBSEQUENT YEARS

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Grantee Report	57	2	114	12.50	1,425.00
Client Report	57	2	114	24.00	2,736.00
Total					4,161.00

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 15, 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

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Supplemental Information Request for the Submission of the Updated State Plan for the Home Visiting Program (OMB No. 0915–0336)—[Extension]

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), historic and transformative legislation designed to enhance disease prevention, strengthen the health care workforce, and make quality, affordable health care available to all Americans. Through a provision authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf, pages 216–225), the Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is designed: (1) To strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at-risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

To achieve the legislative requirements of the MIECHV program, the following application steps were required for release of grant funding:

The first step was submission of an application for funding: The HRSA Funding Opportunity Announcement (FOA), HRSA–10–275, was issued on June 10, 2010, and state applications

were due to HRSA on July 9, 2010. These applications were to include plans for completing the required statewide needs assessment to identify at-risk communities, submission of which was also a condition for receiving FY 2011 Title V Block Grant allotments (the completed needs assessments were due in September 2010) and initial State plans for developing the program in order to meet the criteria identified in the legislation (Section 511(b)(3)(B)). The second step was submission of a statewide needs assessment. On September 20, 2010, all 50 states, the District of Columbia, and five U.S. territories submitted needs assessments, which were approved by HRSA, and all 56 grantees have therefore received FY 2011 Title V Block Grant funds. The third step, as a condition of receiving the remaining grant funding, was submission of an Updated State Plan for a State Home Visiting Program.

The information requested for the Updated State Plan is intended to help states in achieving the MIECHV Program requirements by viewing their proposed State Home Visiting Program as a service strategy aimed at developing a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety and development, and strong parent-child relationships in the targeted community(ies) at risk. Ultimately, the information provided will help states develop a comprehensive plan that addresses community risk factors, builds on strengths identified in the targeted community(ies), and responds to the specific characteristics and needs of families in each of these communities.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Section 1: Identification of the State's Targeted At-Risk Community(ies)	56	1	56	30	1,680
Section 2: State Home Visiting Program Goals and Objectives	56	1	56	30	1,680

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Section 3: Selection of Proposed Home Visiting Model(s) and Explanation of How the Model(s) Meet the Needs of Targeted Community(ies)	56	1	56	30	1,680
Section 4: Implementation Plan for Proposed State Home Visiting Program	56	1	56	60	3,360
Section 5: Plan for Meeting Legislatively-Mandated Benchmarks	56	1	56	60	3,360
Section 6: Plan for Administration of State Home Visiting Program	56	1	56	40	2,240
Section 7: Plan for Continuous Quality Improvement	56	1	56	20	1,120
Section 8: Technical Assistance Needs	56	1	56	1	56
Total	56				15,176

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to OIRA_submission@omb.eop.gov or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: July 19, 2011.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Generic Clearance for Partners and Customer Satisfaction Surveys

SUMMARY: 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 Center for Scientific Review (CSR), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget for review and approval.

Proposed Collection: Title: Generic Clearance for Voluntary Partners and Customers Satisfaction Surveys: *Extension.*

The information collected in these surveys will be used by the Center for Scientific Review management and personnel: (1) To assess the quality of the modified operations and processes now used by CSR to review grant applications; (2) To assess the quality of service provided by CSR to our customers; (3) To enable identification of the most promising biomedical research that will have the greatest impact on improving public health by using a peer review process that is fair, unbiased from outside influence, timely, and (4) To develop new modes of

operation based on customer need and customer feedback about the efficacy of implemented modifications. These surveys, which will be both quantitative and qualitative, are designed to assess the quality of services we provide to our major external customers. Customers include the research scientists who submit applications for grant funding to NIH. Those grant applications are reviewed and ranked by the grant scientific peer review study groups' members and chairs. These surveys will almost certainly lead to quality improvement activities that will enhance and/or streamline CSR's operations. Our partners include current grant scientific peer review study groups' members and chairs.

Frequency of Response: On occasion.

Affected Public: Scientific peer review study groups' members and chairs, grant applicants, other members of the research community.

Type of Respondents: Adult scientific professionals.

ESTIMATES OF ANNUALIZED HOUR BURDEN

[totals rounded off to the nearest hour]

Type of respondent	Number of respondents	Frequency of response	Average time per response (hr)	Total annual hour burden
Adult scientific professionals (via Mail/Telephone/Internet)	5000	1	0.25	1250
Adult scientific professional (via focus groups)	75	1	1	188
Total	5075	1		1438

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points:

(1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility;

(2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who

are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and