intended to support clinical quality management, performance measurement, service delivery, and client monitoring at the system and client levels. The reporting system consists of an online data form—the Grantee Report—and a data file containing the client-level data elements. Data will be submitted every six months. The Grantee Report includes information about program administration, funding, and expenditures, in addition to the medication formulary. The client-level data include demographic, clinical, enrollment, and service data for each patient who is determined eligible and enrolled in the ADAP.

The legislation specifies grantee accountability and links budget to performance. The ADR will be used to ensure compliance with the requirements of the legislation, to evaluate the progress of programs, to monitor grantee performance, to measure the Government Performance and Results Act (GPRA) and the Performance Assessment Rating Tool (PART) goals, and to meet reporting responsibilities to the Department, Congress, and OMB.

In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, information collected through the ADR is critical to HRSA and grantees for assessing the status of existing HIV-related service delivery systems, investigating trends in service utilization, and identifying the areas of greatest need.

Discussions were held with nine volunteer grantee agencies representing a variety of ADAP models, as a basis for the burden estimates for the ADR that follows. These burden estimates are presented in two tables. The first table represents the estimated burden for the first year, including the estimated time to adjust existing or develop new data collection systems to collect the elements that HRSA is requesting. This is a one-time burden for grantees and will not be a factor after the first year. The second table represents the estimated burden for subsequent years. The Grantee Report burden remains unchanged across the three years of the information collection, as the submission is consistent with current reporting requirements. The Client Report burden is expected to decrease slightly in subsequent years as grantees become more proficient with reporting client-level data, based on feedback and technical assistance resources that HRSA will provide.

The annual estimate of burden for the first year of the information collection is as follows:

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	34.19	3,897.66
Data Collection System	57	1	57	826.00	47,082.00
Total:					52,404.66

The annual estimate of burden for subsequent years is as follows:

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

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: September 26, 2011.

Wendy Ponton,

Director, Office of Management.

[FR Doc. 2011–25339 Filed 9–30–11; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Intent To Prepare an Environmental Impact Statement

Summary: In accordance with the National Environmental Policy Act, the National Institutes of Health (NIH), an agency of the Department of Health and Human Services (HHS), is issuing this notice to advise the public that an environmental impact statement will be prepared for the NIH Animal Center at Poolesville Master Plan, Poolesville, Montgomery County, Maryland.

For Further Information Contact: Valerie Nottingham, Chief, Environmental Quality Branch, Division of Environmental Protection, Office of Research Facilities, NIH, B13/2S11, 9000 Rockville Pike, Bethesda, Maryland 20892, telephone 301–496–7775; fax 301–480–8056; or e-mail *nihnepa@mail.nih.gov*.

Supplementary Information: The NIH Animal Center is located on 513 acres 4 miles southwest of the City of Poolesville, a small agricultural community located in western Maryland. The campus is a component of the National Institutes of Health (NIH), one of the world's largest biomedical research facilities and the Federal government's focal point for medical and behavioral research. The NIH Animal Center at Poolesville is a major extension of animal holding and production facilities at Bethesda and consists of a number of buildings used to house, quarantine, and study the

behavior and immunological conduct of a variety of animal models. The NIH Animal Center at Poolesville conducts and supports research protocols for various Institutes and Centers, which includes the studies of animal behavior, conduct of immunologic procedures and sampling, and surgical investigation. Total building space on the campus amounts to approximately 364,507 gsf. Approximately 199 people work at the NIH Animal Center site.

A Master Plan is an integrated series of documents that present in graphic, narrative, and tabular form the current composition of NIH campuses and the plan for their orderly and comprehensive development over a 20-year period. The plan provides guidance in coordinating the physical development of NIH campuses, including building locations, utility capacities, road alignments, parking facilities, and the treatment of open spaces. General design guidelines are also used to provide detailed guidance for the placement and design of physical improvements.

The proposed action is to develop a long-range physical master plan for the NIH Animal Center. The plan will cover a 20-year planning period and address the future development of the NIH Animal Center site, including placement of future construction; vehicular and pedestrian circulation on- and off-campus; parking within the property boundaries; open space in and around the campus; required setbacks; historic properties; natural and scenic resources; noise; and lighting. The plan will examine potential growth in the NIH Animal Center personnel, and consequent construction of space over the planning period. Future construction on the site could include such facilities as: new animal holding, research laboratories, and support facilities.

In accordance with 40 CFR 1500–1508 and DHHS environmental procedures, NIH will prepare an Environmental Impact Statement (EIS) for the proposed master plan. The EIS will evaluate the impacts of the master plan should development occur as proposed. Among the items the EIS will examine are the implications of the master plan on community infrastructure, including, but not limited to, utilities, storm water management, traffic and transportation, and other public services.

To ensure that the public is afforded the greatest opportunity to participate in the planning and environmental review process, the NIH is inviting oral and written comments on the master plan and related environmental issues.

The NIH will be sponsoring a public Scoping Meeting to provide individuals an opportunity to share their ideas on the master planning effort, including recommended alternatives and environmental issues the EIS should consider. The meeting is planned for 6:30 p.m. to 9 p.m. on October 25, 2011 at the Town Hall Building at 19721 Beall Street, Poolesville, Maryland 20837. All interested parties are encouraged to attend. The NIH has established a 30-day public comment period for the scoping process. Scoping comments must be postmarked *no later than* November 18, 2011 to ensure they are considered. All comments and questions on the EIS should be directed to Valerie Nottingham at the address listed above, telephone 301–496–7775; fax 301–480–8056; or e-mail *nihnepa@mail.nih.gov.*

Dated: September 23, 2011.

Daniel G. Wheeland,

Director, Office of Research Facilities Development and Operations, National Institutes of Health.

[FR Doc. 2011–25385 Filed 9–30–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Networking Suicide Prevention Hotlines—Evaluation of the Lifeline Policies for Helping Callers at Imminent Risk (NEW)

This proposed project is a new data collection that builds on previously approved data collection activities [Evaluation of Networking Suicide Prevention Hotlines Follow–Up Assessment (OMB No. 0930–0274) and Call Monitoring of National Suicide Prevention Lifeline Form (OMB No. 0930–0275)]. This new data collection is an effort to advance the understanding of crisis hotline utilization and its impact. The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) funds a National Suicide Prevention Lifeline Network (''Lifeline''), consisting of a toll-free telephone number that routes calls from anywhere in the United States to a network of local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources.

The overarching purpose of the proposed Evaluation of the Lifeline Policies for Helping Callers at Imminent Risk is to implement data collection to evaluate hotline counselors' management of imminent risk callers and third party callers concerned about persons at imminent risk, and counselor adherence to *Lifeline Policies and Guidelines for Helping Callers at Imminent Risk of Suicide.* Specifically, the Evaluation of the Lifeline Policies for Helping Callers at Imminent Risk will collect data, using an imminent risk form, to inform the network's knowledge of the extent to which counselors are aware of and being guided by the Lifeline's imminent risk guidelines; counselors' definitions of imminent risk; the rates of active rescue of imminent risk callers; types of rescue; barriers to intervention; and the circumstances in which active rescue is initiated, including the caller's agreement to receive the intervention.

Clearance is being requested for one activity to assess the knowledge, actions, and practices of counselors to aid callers who are determined to be at imminent risk for suicide and who may require active rescue. This evaluation will allow researchers to examine and understand the actions taken by counselors to aid imminent risk callers, the need for active rescue, and, ultimately, to improve the delivery of crisis hotline services to imminent risk callers. A total of eight centers will participate in this evaluation. Thus, SAMHSA is requesting OMB review and approval of the National Suicide Prevention Lifeline—Imminent Risk Form. This activity is distinct from the Crisis Center Survey data collection, which targets the entire network of crisis centers and focuses on a different domain of questions (specifically, the makeup, strengths, and needs of crisis centers.) The information gathered from the Crisis Center Survey cannot provide a profile of imminent risk callers or details about interventions with imminent risk or third party callers.

Crisis counselors at eight participating centers will record information discussed with imminent risk callers on the Imminent Risk Form, which does not require direct data collection from callers. As with previously approved evaluations, callers will maintain