this important public health problem, in
2010, CDC implemented the National
Intimate Partner and Sexual Violence
Survey (NISVS) which produces
national and state level estimates of IPV,
SV and stalking on an annual basis.
NISVS uses a dual-frame sampling
strategy that includes both landline and
cell phone. In 2010, approximately
45.2% of interviews were conducted by
landline telephone and 54.8% of
interviews were conducted using
respondent’s cell phone. The overall
weighted response rate for 2010 data
collection was 27.5%. The weighted
collection rate was 81.3%. The
cooperation rate reflects the proportion
who agreed to participate in the
interview among those who were
contacted and determined eligible.
The cooperation rate obtained for 2010 data
collection suggests that, once contact
was made and eligibility was
determined, the majority of respondents
chose to participate in the interview.
In the first year of data collection,
NISVS data indicated that
approximately 6.9 million women and
5.6 million men experienced rape,
physical violence and/or stalking by an
intimate partner within the last year.
NISVS data also suggested that 18.3% of
women and 1.4% of men in the U.S.
experienced rape in their lifetime. In
addition, 44.5% of women and 22.2% of
men experienced sexual violence other
than rape during their lifetime.
Approximately 5 million women and
1.4 million men in the United States
were stalked in the 12 months prior to
the survey.
There are also overlaps between
stalking and other forms of violence
experienced in intimate relationships;
approximately 14% of females who
were stalked by an intimate partner in
their lifetime also experienced physical
violence. Approximately 12% of female
victims experienced rape, physical
violence and stalking by a current or
former intimate partner in their lifetime.
Furthermore, 76% of female victims of
intimate partner homicides were stalked
by their partners before they were
killed.
The lifetime impact of these types of
violence on victims is extensive. Nearly
1 in 3 women and 1 in 10 men in the
United States have experienced rape,
physical violence and/or stalking by an
intimate partner and reported at least
one impact related to experiencing these
or other forms of violent behavior
within the relationship (e.g., fear,
concern for safety, post-traumatic stress
disorder (PTSD) symptom, injury, crisis
hotline consult, at least one day of work
or school missed, and needs for health
care, housing, victim advocate, and legal
services.)

CDC proposes to continue collecting
national data that will provide more
detailed and timely information on
intimate partner violence, sexual
violence and stalking victimization in
the U.S. The proposed revision to the
National Intimate Partner and Sexual
Violence Survey (NISVS) involves no
longer collecting data on special sub-
populations (i.e. military, American
Indian/Alaskan Native, elderly) and
thus focusing the scope of data
collection to the general population.
The overarching purpose of the
information collected has not changed.
A total of 73,318 eligible households
will be screened annually; out of the
households screened, approximately
58,318 will not consent or agree to
participate and 15,000 will complete the
survey each year. The survey will be
conducted among English and/or
Spanish speaking male and female
adults (18 years and older) living in the
United States.
There are no costs to respondents
other than their time.

The total estimated annual burden
hours are 9,916.

### ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Number of responses</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households</td>
<td>Screened</td>
<td>73,318</td>
<td>3/60</td>
</tr>
<tr>
<td></td>
<td>Surveyed</td>
<td>15,000</td>
<td>25/60</td>
</tr>
</tbody>
</table>


Ron A. Otten,

Director, Office of Scientific Integrity (OSI),
Office of the Associate Director for Science,
Office of the Directors, Centers for Disease
Control and Prevention.

[FR Doc. 2012–21022 Filed 8–24–12; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

Safety and Occupational Health Study
Section (SOHSS), National Institute for
Occupational Safety and Health
(NIOSH)

In accordance with section 10(a)(2) of
the Federal Advisory Committee Act
(Pub. L. 92–463), the Centers for Disease
Control and Prevention (CDC)

announces the following meeting of the
aforementioned committee:

**Times and Dates**

8 a.m.–5 p.m., October 16, 2012
(Closed).
8 a.m.–5 p.m., October 17, 2012
(Closed).

**Place:** Embassy Suites, 1900 Diagonal
Road, Alexandria, Virginia 22314,
Telephone: (703) 684–5900, Fax: (703)
684–0653.

**Status:** The meeting will be closed to
the public in accordance with
provisions set forth in Section 552(b)(4)
and (6), Title 5 U.S.C., and the
Determination of the Director,
Management Analysis and Services
Office, CDC, pursuant to Public Law 92–
463.

**Purpose:** The Safety and Occupational
Health Study Section will review,
discuss, and evaluate grant
application(s) received in response to
the Institute’s standard grants review
and funding cycles pertaining to
research issues in occupational safety
and health, and allied areas.

It is the intent of NIOSH to support
broad-based research endeavors in
keeping with the Institute’s program
goals. This will lead to improved
understanding and appreciation for the
magnitude of the aggregate health
burden associated with occupational
injuries and illnesses, as well as to
support more focused research projects,
which will lead to improvements in the
delivery of occupational safety and
health services, and the prevention of
work-related injury and illness. It is
anticipated that research funded will
promote these program goals.

**Matters To Be Discussed:** The meeting
will convene to address matters related
to the conduct of Study Section
business and for the study section to
consider safety and occupational health-related grant applications.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Price Connor, Ph.D., Health Scientist, NIOSH, CDC, 1600 Clifton Road N.E., Mailstop E–20, Atlanta, Georgia 30333, Telephone: (404) 498–2511, Fax: (404) 498–2571.

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: August 16, 2012.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–21013 Filed 8–24–12; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Emergency Contingency Fund for Temporary Assistance for Needy Families (TANF) Programs OFA–100.

OMB No.: 0970–0366.

Description

On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (Recovery Act), which establishes the Emergency Contingency Fund for State TANF Programs (Emergency Fund) as section 403(c) of the Social Security Act (the Act). This legislation provides up to $5 billion to help States, Territories, and Tribes in fiscal year (FY) 2009 and FY 2010 that have an increase in assistance caseloads and basic assistance expenditures, or in expenditures related to short-term benefits or subsidized employment. The Recovery Act made additional changes to TANF extending supplemental grants through FY 2010, expanding flexibility in the use of TANF funds carried over from one fiscal year to the next, and adding a hold-harmless provision to the caseload reduction credit for States and Territories serving more TANF families.

The Emergency Fund is intended to build upon and renew the principles of work and responsibility that underlie successful welfare reform initiatives. The Emergency Fund provides resources to States, Territories, and Tribes to support work and families during this difficult economic period.

On July 20, 2009 we issued a Program Instruction accompanied by the Emergency Fund Request Form (OFA–100), and instructions for jurisdictions to complete the OFA–100 to apply for emergency funds.

Failure to collect this data would compromise ACF’s ability to monitor caseload and expenditure data that must increase in order for jurisdictions to receive awards under the Emergency Fund.

Documentation maintenance on financial reporting for the Emergency Fund is governed by 45 CFR 92.20 and 45 CFR 92.42.

ACF is planning to extend the information collection with the adjustment to the Estimated Annual Burden shown in the table below. Based on our projections for a lower Estimated Annual Burden, we have revised the Number of Respondents to 6 from its previous number of 93 and the Number of Responses per Respondent to 3 from its previous number of 5. Because the Number of Respondents and the Number of Responses per Respondents have been revised, the Estimated Total Burden Hours is now 432, down from its previous number of 11,160.

Respondents

State, Territory, and Tribal agencies administering the Temporary Assistance for Needy Families (TANF) Program that are applying for the Emergency Fund.

ANNUAL BURDEN ESTIMATES

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Emergency Fund Request Form, OFA–100</td>
<td>6</td>
<td>5</td>
<td>24</td>
<td>432</td>
</tr>
</tbody>
</table>

Estimated Total Annual Burden Hours: 432.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email: OIRA_SUBMISSION@OMB.EOP.GOV. Attn: Desk Officer for the Administration for Children and Families.

Robert Sargsis,
Reports Clearance Officer.

[FR Doc. 2012–21013 Filed 8–24–12; 8:45 am]
BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration


Draft Guidance for Industry on Self-Identification of Generic Drug Facilities, Sites, and Organizations; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance for industry entitled “Self-Identification of Generic Drug Facilities, Sites, and