

the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 208-7312. Please cite OMB Control No. 3090-0121, Industrial Funding Fee and Sales Reporting, in all correspondence.

Dated: May 1, 2013.

Steve Kempf,

Acting Senior Procurement Executive.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.095]

Announcing the Award of a New Single-Source Award to the National Council on Family Violence in Austin, TX

AGENCY: Family and Youth Services Bureau, ACYF, ACF, HHS.

ACTION: Notice of the award of a single-source cooperative agreement to the National Council on Family Violence to support the National Domestic Violence Hotline (Hotline).

SUMMARY: The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau (FYSB), Division of Family Violence and Prevention Services (DFVPS) announces the award of a single-source cooperative agreement in the amount of \$275,000 to the National Council on Family Violence in Austin, TX, for the Hotline. The Hotline, currently funded under the Family Violence Prevention and Services Act, provides direct services and referrals nationally for victims of family violence, domestic violence, and dating violence.

DATES: The period of support for this award is May 1, 2013 through April 30, 2015.

FOR FURTHER INFORMATION CONTACT:

Angela Yannelli, Senior Program Specialist, Division of Family Violence Prevention and Services, 1250 Maryland Avenue SW., Suite 8210, Washington, DC 20024. Telephone: 202-401-5524; Email: Angela.Yannelli@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: Award funds will support the efforts of the Hotline in providing critical services to victims of Hurricane Sandy that are also victims of family violence, domestic violence, and dating violence within the

states of New Jersey and New York. The Hotline will conduct training for current disaster responders, provide training and technical assistance to local programs that run hotlines/crisis lines, and develop a public awareness campaign to publicize the various ways to contact the Hotline, the Teen Dating Abuse Helpline, state hotlines, and local program hotlines.

Reports from the New York and New Jersey Disaster Task Forces indicate the need for training on domestic violence in disaster response situations and on making connections to appropriate services for disaster case managers and for state, regional, and federal staff involved with on-scene response. Front-line disaster relief staff and volunteers may be the first responders to observe domestic violence in families they are supporting; however, they may not be able to discern signs of domestic violence due to a lack of training. In fact, many responders may confuse the stresses of the disaster with the stresses of domestic violence on the victim and may overlook abusive behaviors on the part of the intimate partner as signs of stress from the disaster.

Though based in Austin, TX, the Hotline's experience in providing victim advocacy, referrals, and program support makes it well-positioned to provide training to disaster responders in New York and New Jersey. Training will concentrate on protocols and referral procedures, accessing domestic violence services, recognizing the warning signs of domestic violence, safety planning, and maintaining ongoing health and wellness initiatives during the crisis response and recovery phase. In this effort, the Hotline will partner with the New Jersey Coalition for Battered Women, the New York State Coalition Against Domestic Violence, and national experts on domestic violence and disaster response to develop and offer appropriate and effective training.

Statutory Authority: Public Law 113-2, Disaster Relief Appropriations Act of 2013.

Bryan L. Samuels,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. 2013-11075 Filed 5-8-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

ACTION: Notice.

SUMMARY: In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), the Health Resources and Services Administration (HRSA) will submit an Information Collection Request (ICR) to the Office of Management and Budget (OMB). Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. To request a copy of the clearance requests submitted to OMB for review, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

Information Collection Request Title: Patient Survey—Health Centers (OMB No. 0915-xxxx)—[NEW]

Abstract: The Health Center program supports Community Health Centers (CHCs), Migrant Health Centers (MHCs), Health Care for the Homeless (HCH) programs, and Public Housing Primary Care (PHPC) programs. Health Centers (HCs) receive grants from HRSA to provide primary and preventive health care services to medically underserved populations. The proposed Patient Survey will collect information about HC patients, regarding their health status, the reasons for seeking care at HCs, their health-related diagnoses, health services they obtain at HCs and from other healthcare settings, the quality of those services received, and their satisfaction with the care they received. This information will be collected through in-person interviews from a nationally representative sample of HC patients. Prior to the deployment of the national study, a cognitive pre-test will be conducted to refine and test the face validity and internal validity of questions in the survey instrument in different languages, and test the survey sampling methodologies and procedures. The pre-test will include cognitive interviews to ensure that the questions are being understood as were intended. Interviews conducted in the pre-test and the national study are

estimated to take approximately up to 1 hour and 15 minutes each.

The Patient Survey builds on previous periodic Patient User-Visit Surveys, which were conducted to learn about the process and outcomes of care in CHCs, MHCs, HCHs, and PHPCs. The original questionnaires were derived from the National Health Interview Survey (NHIS) and the National Ambulatory Medical Care Survey (NAMCS) conducted by the National Center for Health Statistics (NCHS). Conformance with the NHIS and NAMCS allowed comparisons between these NCHS surveys and the previous User-Visit Surveys. The new Patient Survey was developed using a questionnaire methodology similar to that used in the past, and will also potentially allow some time-trend

comparisons for HCs with the previous User-Visit survey data, including monitoring of processes and outcomes over time. In addition, this wave of the survey will be conducted in languages not used in previous surveys (English and Spanish only), and will include patients from the fastest growing U.S. population segment, Asian Americans and Pacific Islanders. Languages that will be used in the proposed survey include Chinese (Mandarin and Cantonese), Korean, Vietnamese, Spanish, and English. With the exception of Spanish speakers, other racial and ethnic subgroups were not able to participate in previous surveys in their own languages.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain,

disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

The annual estimate of burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Grantee/Site Recruitment	2	3	6	3.0	18.00
Patient Recruitment (At clinic)	21	1	21	0.17	3.57
Patient Survey (Administered at clinic)	15	1	15	1.25	18.75
Patient Recruitment (Through local advertisements/flyers/ word-of-mouth)	71	1	71	0.08	5.68
Patient Survey (Administered following local advertising)	54	1	54	1.25	67.50
Total Pretest	69	113.50

ADDRESSES: Submit your comments to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806. Please direct all correspondence to the “attention of the desk officer for HRSA.”

Deadline: Comments on this ICR should be received within 30 days of this notice.

Dated: May 3, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-11088 Filed 5-8-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of Title

44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

HRSA especially requests comments on: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Information Collection Request Title: Countermeasures Injury Compensation Program (OMB No. 0915-0334)—Revision

Abstract: This is a revision to the request for OMB approval of the

information collection requirements for the Countermeasures Injury Compensation Program (CICP or Program). The CICP, within the Health Resources and Services Administration (HRSA), administers the compensation program specified by the Public Readiness and Emergency Preparedness Act (PREP Act). The CICP provides compensation to eligible individuals (requesters) who suffer serious injuries directly caused by a covered countermeasure administered or used pursuant to a PREP Act Declaration, or to their estates and/or survivors. A declaration is issued by the Secretary of the Department of Health and Human Services (Secretary). The purpose of a declaration is to identify a disease, health condition, or a threat to health that is currently, or may in the future constitute, a public health emergency. In addition, the Secretary, through a declaration, may recommend and encourage the development, manufacturing, distribution, dispensing, and administration or use of one or more covered countermeasures to treat, prevent, or diagnose the disease, condition, or threat specified in the declaration.

To determine whether a requester is eligible for Program benefits (compensation) for the injury, the CICP