

i. Proposed allocation table, if not included as part of the grant application and

ii. (PART A) "Description of Priority Setting and Resource Allocation Processes" and "Unmet Need Estimate and Assessment" sections of the current grant application; or

iii. (PART B) "Needs Assessment and Unmet Need" section of the current grant application; or

iv. (PART C) "Description of the Local HIV Service Delivery System" and "Current and Projected Sources of Funding" sections of the current grant application.

#### *Waiver Review and Notification Process*

HRSA/HAB will review the request and notify grantees of waiver approval or denial no later than the date of issuance of the Notice of Award (NoA). Core medical services waivers will be effective for the grant award period for which it is approved. Subsequent grant periods will require a new waiver request. Grantees that are approved for a core medical services waiver in their annual grant application are not compelled to utilize the waiver should circumstances change.

#### *The Paperwork Reduction Act of 1995*

This activity has been reviewed and approved by the Office of Management and Budget, under the Paperwork Reduction Act of 1995 (Control number 0915-0307).

Dated: May 17, 2013.

**Mary K. Wakefield,**  
*Administrator.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services Administration**

#### **Discretionary Grant Program**

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of Single Single-Case Deviation: Administrative Supplement From Competition Requirements for the Maternal and Child Health Bureau's (MCHB) National Center for Community Based Services.

**SUMMARY:** HRSA will be issuing a non-competitive award to the National Center for Community Based Services program. The 1-year award for \$449,125 will be made available in the form of a cooperative agreement to the current grantee, University of Massachusetts,

during the budget period July 1, 2013, through June 30, 2014. This will provide feasible time for the Maternal and Child Health Bureau (MCHB) to align fiscal resources and programmatic goals with the least disruption to the states, communities, and constituencies that currently receive leadership, assistance, and services.

#### **SUPPLEMENTARY INFORMATION:**

*Intended Recipient of the Award:* National Center for Community Based Services/University of Massachusetts (U42MC18283).

*Amount of the Non-Competitive Awards:* \$449,125.

*CFDA Number:* 93.110.

*Period of Supplemental Funding:* July 1, 2013, through June 30, 2014.

**Authority:** Section Title V, Section 501(a)(2) of the Social Security Act, as amended.

*Justification:* As authorized by section 501(a)(2) of the Social Security Act, MCHB's Division of Children with Special Health Needs is responsible for facilitating the development of community-based systems of services for children and youth with special health care needs (CYSCHN).

To meet this legislative mandate, the Division funds the National Center for Community Based Services and the State Implementation Grant Program (D70). The National Center for Community Based Services (U42MC18283), a cooperative agreement funded at \$449,125 per year for a 3-year project period, is due to end June 30, 2013. This national center focuses on improving access to services for underserved CYSHCN and their families, especially those from Latino Families. The D70 grant program has had several funding cycles since 2005, with a minimum of six grants in each cycle. In fiscal year (FY) 2014, the project period for eight of the D70 grants will end. At that time, the Division plans to begin a new cycle of D70 competitive awards to states to improve the system of services for CYSHCN.

The Division explored several grant funding options that would align with its strategic goals of funding entities to improve the services for CYSHCN at the state and community levels. The amount available in FY 2013 could only fund two D70 grants and would not provide the grantees with a peer learning community that has existed with previous cycles. Moreover, the resources and objective review costs for a funding cycle for only two grants is not cost effective. Therefore, in lieu of a D70 competition in FY 2013, the Division proposes to use these funds to extend the project period for the

National Center for Community Based Services (U42MC18283) for 1 year until June 30, 2014. At that time, with the project period ending for the eight D70 grants, all funds will be available for a new, competitive cycle of D70 grants in 2014.

The MCHB proposes the 1-year non-competitive funding action for three strategic programmatic reasons: (1) To appropriately spend the necessary preparation time to complete a full grant competition aligned with the Division's strategic goals; (2) to provide for sufficient fiscal resources to continue programmatic activities; and (3) to maintain MCHB programmatic support with the least disruption to the state, community, and maternal and child health constituencies who are currently receiving assistance and services from these grantees, and the grantees themselves.

#### **FOR FURTHER INFORMATION CONTACT:**

Sylvia Sosa, Integrated Services Branch, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 13-61, Rockville, Maryland 20857; 301-443-2259; [ssosa@hrsa.gov](mailto:ssosa@hrsa.gov).

Dated: May 17, 2013.

**Mary K. Wakefield,**  
*Administrator.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services Administration**

#### **National Vaccine Injury Compensation Program; List of Petitions Received**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.