

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued
orm name

| Form name | Number of respondents | Total burden hours | Average hourly wage rate* | Total cost burden |
|-------------|-----------------------|--------------------|---------------------------|-------------------|
| Total | 584 | 395 | na | 16,173 |

^a Based on the weighted average wages for 1 Anesthesiologist (29–1061, \$108.35), 2 Surgeons (29–1067, \$106.48), 2 Administrative Services Managers (11–3011, \$37.61), 6 Registered Nurses (29–1141, \$34.23), 2 Medical and Clinical Laboratory Technicians (29–2030, \$28.90), 1 Licensed Practical or Licensed Vocational Nurse (29–2061, \$21.17), and 1 Office and Administrative Support Workers, All Other (43–9199, \$16.92).

^b Based on the weighted average wages for 150 Registered Nurses, 85 Office and Administrative Support Workers, 85 Medical and Clinical Laboratory Technicians, 70 Surgeons, 50 Licensed Practical/Vocational Nurses, 49 Anesthesiologists, and 40 Administrative Services Managers.

^c Based on the on the average wages for 1 Administrative Services Managers.

* National Occupational Employment and Wage Estimates in the United States, May 2012, “U.S. Department of Labor, Bureau of Labor Statistics” (available at http://www.bls.gov/oes/current/naics4_621400.htm [for outpatient care setting])

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 25, 2013.

Carolyn M. Clancy,

Director.

[FR Doc. 2013–16076 Filed 7–5–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–13PQ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the

Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

DELTA FOCUS Program Evaluation—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of Americans and results in serious consequences for victims, families, and communities. IPV occurs between two people in a close relationship. The term “intimate partner” describes physical, sexual, or psychological harm by a current or former partner or spouse. IPV can impact health in many ways, including long-term health problems, emotional impacts, and links to negative health behaviors. IPV exists along a continuum from a single episode of violence to ongoing battering; many victims do not report IPV to police, friends, or family.

The purpose of the DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) program is to promote the prevention of IPV through the implementation and evaluation of strategies that create a foundation for the development of practice-based evidence. By emphasizing primary prevention, this program will support comprehensive and coordinated approaches to IPV prevention. Each state domestic violence coalition is required to identify

and fund one to two well-organized, broad-based, active local coalitions (referred to as coordinated community responses or CCRs) that are already engaging in, or are at capacity to engage in, IPV primary prevention strategies affecting the structural determinants of health at the societal and/or community levels of the social ecological model. State Domestic Violence Coalitions (SDVCs) must facilitate and support local-level implementation and hire empowerment evaluators to support the evaluation of IPV prevention strategies by the CCRs. SDVCs must also implement and with their empowerment evaluators, evaluate state-level IPV prevention strategies.

CDC seeks OMB approval for one year to collect information electronically from awardees, their CCRs and their empowerment evaluators. Data will be collected in year one and analyzed and disseminated in years two and three. A reinstatement request will be made to collect data in the fourth year of the program. Information will be collected using the DELTA FOCUS Program Evaluation Survey (referred to as DF Survey). The DF survey will collect information about SDVCs satisfaction with CDC efforts to support them; process, program and strategy implementation factors that affect their ability to meet the requirements of the funding opportunity announcement; prevention knowledge and use of the public health approach; and sustainability of prevention activities and successes.

The DF Survey will be completed by 10 SDVC executive directors, 10 SDVC project coordinators, 19 CCR project coordinators, and 10 SDVC empowerment evaluators and take a maximum of 1 hour to complete. The total estimated annualized burden is 49 hours.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TO RESPONDENTS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|--------------------------|-----------------------|------------------------------------|--|
| State Domestic Violence Coalition Executive Director | DELTA FOCUS Survey | 10 | 1 | 1 |
| State Domestic Violence Coalition Project Coordinator | DELTA FOCUS Survey | 10 | 1 | 1 |
| Coordinated Community Response Project Coordinator | DELTA FOCUS Survey | 19 | 1 | 1 |
| State Domestic Violence Coalition Empowerment Evaluator | DELTA FOCUS Survey | 10 | 1 | 1 |

Leroy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

[FR Doc. 2013-16254 Filed 7-5-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health (MSHRAC, 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 for the aforementioned committee:

Time and Date:

9:00 a.m.–5:45 p.m., July 24, 2013;

9:00 a.m.–12:30 p.m., July 25, 2013.

Place: NIOSH Pittsburgh Office, 626 Cochran Mill Road, Bldg. 140, Room 101, Pittsburgh, Pennsylvania, 15236 Telephone: (412) 386-5302, Fax: (412) 386-5300.

Status: Open to public, limited only by the space available. The meeting room accommodates approximately 25 people.

Purpose: This committee is charged with providing advice to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NIOSH, on priorities in mine safety and health research, including grants and contracts for such research, 30 U.S.C. 812(b)(2), Section 102(b)(2).

Matters To Be Discussed: The meeting will focus on safety and health research projects and outcomes in the following areas: improved dissemination of research results through the use of trade literature; a plan for periodically updating the demographic survey of the mining industry; an analysis of the research needs of the stone, sand and gravel sector; reinventing deep vein mining to improve health and safety; the National Academies of Science self-escape study; the total worker health program; an update on Division of Respiratory Disease Studies research; an update on the 1 mg initiative for reducing coal dust exposures; the use of a helmet cam for reducing dust exposures; an

update on improved oxygen supplies for self-escape; an update from the National Personal Protective Technology Laboratory; a presentation on emerging lithium batteries; and findings for improving rock dusting in underground coal mines. Agenda items are subject to change as priorities dictate.

Contact Person for More Information:

Jeffery L. Kohler, Ph.D., Designated Federal Officer, MSHRAC, NIOSH, CDC, 626 Cochran Mill Road, Mailstop P05, Pittsburgh, Pennsylvania 15236, telephone (412) 386-5301, fax (412) 386-5300.

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.

Elaine L. Baker,

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

[FR Doc. 2013-16184 Filed 7-5-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the CDC, National Center for Environmental Health (NCEH) announces the following meeting of the aforementioned committee:

Times and Dates: 2:00 p.m.–4:30 p.m., July 25, 2013

Place: Teleconference.

Status: The meeting is open to the public, limited only by the conference lines available; the toll free dial-in number is 1-888-554-6025 with a passcode of 2785801.

Purpose: The Committee provides advice and guidance to the Secretary; the Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The committee also reviews and reports regularly on

childhood lead poisoning prevention practices and recommends improvements in national childhood lead poisoning prevention efforts.

Matters To Be Discussed: Agenda items will include the following: Program Update; Presentation of ACCLPP Laboratory Report on “Guidelines for Measuring Lead in Blood Using Point of Care Instruments” and Discussion, ACCLPP Comments, Discussion and Vote on Laboratory Workgroup Report. (In 2009 the Laboratory Workgroup was established and charged by ACCLPP with conducting a review of five laboratory issues. The second of these five issues was to address the need for recommended standards of practice for those using point of care blood lead testing. The report to be presented to the ACCLPP at this meeting is the result of that review.)

Agenda items are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: The public comment period is scheduled on July 25, 2013 from 4:15 p.m. until 4:30 p.m.

Contact Person for More Information: Sandra Malcom, Committee Management Specialist, NCEH/ATSDR, 4770 Buford Highway, Mail Stop F-61, Chamblee, Georgia 30345; telephone 770/488-0577, Fax: 770/488-3377; Email: smalcom@cdc.gov.

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.

Elaine L. Baker,

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

[FR Doc. 2013-16181 Filed 7-5-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Office of Public Health Preparedness and Response, Board of Scientific Counselors (BSC OPHPR)

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