Health, 6701 Rockledge Drive, Room 5128, MSC 7840, Bethesda, MD 20892, (301) 435–1219, *currieri@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS).

Dated: August 27, 2013.

Michelle Trout,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2013–21318 Filed 8–30–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Sleep Disorders Research Advisory Board.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: Sleep Disorders Research Advisory Board.

Date: September 23, 2013.

Time: 8:30 a.m. to 4:00 p.m.

Agenda: To discuss and provide updates on sleep and circadian research developments and the NIH sleep research plan. Members of the public unable to attend the meeting in person may hear the public portion of all discussion by dialing 1–888–996–4913, access code 3455069, which is a listen-only access code.

Place: National Institutes of Health, Natcher Building, Room D, 45 Center Drive, Bethesda, MD 20892.

Contact Person: Michael J. Twery, Ph.D., Director, National Center on Sleep Disorders Research, Division of Lung Diseases, National Heart, Lung, and Blood Institute, National Institutes of Health, 6701 Rockledge Drive, Suite 10038, Bethesda, MD 20892–7952, 301–435–0199 *twerym@nhlbi.nih.gov.*

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: *www.nhlbi.nih.gov/meetings/index.htm,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS).

Dated: August 27, 2013.

Michelle Trout,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2013–21316 Filed 8–30–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute Amended; Notice of Meeting

Notice is hereby given of a change in the meeting of the NCI-Frederick Advisory Committee, September 24, 2013, 09:00 a.m. to September 24, 2013, 04:00 p.m., Frederick National Laboratory for Cancer Research, Advanced Technology Research Facility (ATRF), Room E111, 8560 Progress Drive, Frederick, MD 21702 which was published in the **Federal Register** on August 16, 2013, 78 FR 50068.

The meeting notice is amended to change the ending time of the meeting until 05:00 p.m. The meeting is open to the public.

Dated: August 27, 2013.

Melanie J. Gray,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2013–21321 Filed 8–30–13; 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: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at 240–276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: SAMHSA Disaster Technical Assistance Center Training, Webinar, Podcast, and Mobile Application Feedback Forms—New

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval for a 3-year data collection effort associated with the SAMHSA Disaster Technical Assistance Center Training, Webinar, Podcast, and Mobile Application Feedback Forms—New. The collection includes five data collection instruments—the Training Feedback Form, the Webinar/Podcast Feedback Form, the Mobile Application Feedback Form, the Training Evaluation Follow-Up Interview Guide, and the Webinar Feedback Form Follow-Up Interview Guide. All of the proposed data collection efforts will be used to gather feedback on several training, webinar, and podcast events provided by SAMHSA DTAC throughout the year, as well as feedback on a SAMHSA application for mobile devices. The information will be used to: (1) Enhance SAMHSA DTAC training, webinar, and podcast curricula and content and enhance these resources as feedback is gathered through this data collection effort; and (2) enhance the SAMHSA application for mobile devices.

SAMHSA DTAC will be responsible for administering the data collection instruments and analyzing the data. SAMHSA DTAC will use data from the Training Feedback Form, the Webinar/Podcast Feedback Form, the Training Follow-Up Interview Guide, and the Webinar Feedback Form Follow-Up Interview Guide to inform current and future training, webinar, and podcast activities and to ensure these activities

continue to align with state/territory/tribe and local disaster behavioral health needs. SAMHSA will use data from the Mobile Application Feedback Form to inform updates and enhancements to the SAMHSA application for mobile devices. The components of the data collection are listed and described below, and a summary table of the number of respondents and respondent burden has also been included.

Training Feedback Form and Webinar/Podcast Feedback Form. The Training Feedback Form and the Webinar/Podcast Feedback Form will assess the following: Content, presentation style, and presentation mode; relevance of the information presented; and satisfaction with the information presented. These surveys will be administered to all training and webinar participants immediately following each SAMHSA DTAC training or event, and periodically to those who have viewed podcasts. Six events or podcasts are estimated to be presented and made available each year. For webinars, podcasts, and web-based training events, the survey will be administered online. For those who attend in-person training events, the survey will be administered in person using hard copies of the survey instrument.

Mobile Application Feedback Form. The Mobile Application Feedback Form is designed to elicit feedback on the usefulness of the SAMHSA application for mobile devices, satisfaction with the application, and suggestions for improvements. It will be administered as a link to a web-based survey directly through the application to all users of the SAMHSA application.

Training Feedback Form Follow-Up Interviews and Webinar Feedback Form Follow-Up Interviews. The Training Feedback Form Follow-Up Interviews and Webinar Feedback Form Follow-Up Interviews will be conducted 1 month following participation in a SAMHSA DTAC training or webinar, with a sample of up to 10 percent of event attendees (or five individuals if 10 percent of participants is fewer than five). Data will be collected during one-on-one in-depth telephone interviews. The interviews will gather greater contextual information not available through administration of the respective Feedback Forms. The interviews will examine participants' experiences with the training and webinar and will include: The level to which the event met expectations; memory for information learned during the training and webinar; ability to apply the information to job tasks; suggestions for enhancing SAMHSA DTAC events; and suggestions for future training and webinar topics. The information collected will inform the content and presentation style of future SAMHSA DTAC trainings, webinars, and podcasts and associated materials.

Internet-based technology will be used to collect data via web-based surveys and for data entry and management of all proposed instruments. A 3-year clearance is requested for this project. The average annual respondent burden is estimated below. All proposed instruments will be ongoing data collection efforts. Table 1 presents the estimated annual data collection burden. These estimates reflect the average annual number of respondents, the average annual number of responses, the time required for each response, and the average annual burden in hours. It is estimated that each participant will attend or view no more than an average of two webinar or podcast events each year; participants will be asked to complete the Training Feedback Form or Webinar/Podcast Feedback Form for each event they attend or view. Participants will only be asked to participate in one Training Feedback Form Follow-Up Interview and one Webinar Feedback Form Follow-Up Interview each year.

TABLE 1—ANNUALIZED ESTIMATE OF RESPONDENT BURDEN

Instrument	Number of respondents	Number of responses per respondent	Total number of responses	Hours per response per respondent	Total burden hours	Hourly wage rate [1]	Total cost
Training Feedback Form:							
Advanced Scheduled Event	300	1	300	0.25	75.0	$35	$2,625.00
Quick-turnaround Event	1,200	1	1,200	0.25	300.0	35	10,500.00
Webinar/Podcast Feedback Form:							
Advanced Scheduled Event	750	2	1,500	0.25	375.0	35	13,125.00
Quick-turnaround Event	1,200	1	1,200	0.25	300.0	35	10,500.00
Mobile Application Survey	600	1	600	0.25	150.0	35	5,250.00
Training Feedback Form Follow-Up Interviews	150	1	150	0.50	75.0	35	2,625.00
Webinar Feedback Form Follow-Up Interviews	195	1	195	0.50	97.5	35	3,412.50
Annual Total ..	4,395	.....	5,145	.....	1,372.5	.....	$48,037.50

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 2–1057, One Choke Cherry Road, Rockville, MD 20857 *or* email her a copy at *summer.king@samhsa.hhs.gov*. Written comments should be received by November 4, 2013.

Summer King,

Statistician.

[FR Doc. 2013–21341 Filed 8–30–13; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Strategic Prevention Framework State Incentive Grant (SPF SIG) Program (OMB No. 0930–0279)—Reinstatement

SAMHSA's Center for Substance Abuse Prevention (CSAP) is responsible for the evaluation instruments of the Strategic Prevention Framework State Incentive Grant (SPF SIG) Program. The program is a major initiative designed to: (1) Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; (2) reduce substance abuse related problems; and, (3) build prevention capacity and infrastructure at the State-, territorial-, tribal- and community-levels.

Five steps comprise the SPF:

Step 1: Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

Step 2: Mobilize and/or build capacity to address needs.

Step 3: Develop a comprehensive strategic plan.

Step 4: Implement evidence-based prevention programs, policies, and practices and infrastructure development activities.

Step 5: Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

An evaluation is currently in process with the SPF SIG Cohorts III, IV and V. The primary objective for this evaluation is to determine the impact of SPF SIG on the reduction of substance abuse related problems, on building state prevention capacity and infrastructure, and preventing the onset and reducing the progression of substance abuse, as measured by the SAMHSA National Outcomes Measures (NOMs). Data collected at the grantee- and community-levels will provide information about process and system outcomes at the grantee and community levels as well as context for analyzing participant-level NOMs outcomes.

This notice invites comments for reinstatement to the protocol for the ongoing Cross-site Evaluation of the Strategic Prevention Framework State Incentive Grant (SPF SIG) (OMB No. 0930–0279) which expired on 11/30/12. This revision includes two parts:

1. Submission of the instruments for the cross-site evaluation of the SPF SIG Cohorts IV and V: (a) The two-part Community-Level Instrument (CLI Parts I and II); and (b) the two Grantee-Level Instruments (GLI)—the GLI Infrastructure Instrument and the GLI Implementation Instrument.

2. Calculation of burden estimates for Cohorts IV and V, 24 and 10 grantees, respectively, for the 2-part CLI and the 2 GLIs. Per guidance from the previous OMB submission for the GLI and CLI Instruments (OMB No. 0930–0279), the number of items have been reduced, resulting in a reduced burden.

Grantee-Level Data Collection

Two web-based surveys, GLI Infrastructure Instrument and GLI Implementation Instrument, were developed for assessing grantee-level efforts and progress. These instruments gather information about the infrastructure of the grantee's overall prevention system and collect data regarding the grantee's efforts and progress in implementing the Strategic Prevention Framework 5-step process. The total burden for these instruments has been reduced by deleting items that are no longer necessary as baseline data has already been gathered from all grantees. Information for both surveys will be gathered once, at the end of the three year approval period. The estimated annual burden for grantee-level data collection is displayed below in Table 1.

Community-Level Data Collection

The Community-level Instrument (CLI) is a two part, web-based survey for capturing information about SPF SIG implementation at the community level. Data from this instrument allows CSAP to assess the progress of the communities in their implementation of both the SPF and prevention-related interventions funded under the initiative. Part I of the instrument gathers information on the communities' progress implementing the five SPF SIG steps and efforts taken to ensure cultural competency throughout the SPF SIG process. Subrecipient communities receiving SPF SIG awards will be required to complete Part I of the instrument annually.

Part II captures data on the specific prevention intervention(s) implemented at the community level, and is completed for each prevention intervention strategy implemented during the specified reporting period. Specific questions are tailored to match the type of prevention intervention strategy implemented (e.g., Prevention Education, Community-based Processes, and Environmental). Information collected on each strategy will include date of implementation, numbers of groups and participants served, frequency of activities, and gender, age, race, and ethnicity of population served/affected. Subrecipient communities' partners receiving SPF SIG awards are required to update Part II of the instrument a minimum of every six months.

The estimated annual burden for specific segments of the community-level data collection is displayed in Table 1. The total burden assumes an average of 15 community-level subrecipients per grantee, annual completion of the CLI Part I, a minimum of two instrument updates per year for the CLI Part II, and an average of three distinct prevention intervention strategies implemented by each community during a 6-month period.