TABLE 1—ESTIMATED ANNUAL BURDEN—Continued

<table>
<thead>
<tr>
<th>Instrument/data collection activity</th>
<th>Respondent</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total number of responses</th>
<th>Hours per response</th>
<th>Total annual burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>All</td>
<td>12,107</td>
<td></td>
<td>36,354</td>
<td></td>
<td>12,990</td>
</tr>
</tbody>
</table>

*Based on the average hourly wages for Community and Social Service Specialists, All Other (21–1099; $22.47) and Social Workers (21–1020; $29.83) from the May 2015 National Industry-Specific Occupational Employment and Wage Estimates, 621330—Offices of Mental Health Practitioners; the Federal minimum wage of $7.25; and an estimated average hourly wage of $11.60 for a family of four living 25% below poverty level.

Core agency partners include (1) representatives from MH, child welfare, and juvenile justice and (2) CMHI quality monitors.

Assumes 81% of clients will be age 0 to 17.

Assumes 52% of clients will be age 11 to 26.

Assumes 56% of clients will be age 5 to 17.

Assumes 25% of clients will be age 0 to 5, with 12.5% of clients age 0 to 2.5, and 12.5% age 2.6 to 5.

Sums shown indicate unduplicated respondents and responses per respondent.

TABLE 2—TOTAL ESTIMATED ANNUAL BURDEN

<table>
<thead>
<tr>
<th>Instrument/data collection activity</th>
<th>Number of respondents</th>
<th>Total number of responses</th>
<th>Average annual burden (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Partner Interview</td>
<td>462</td>
<td>924</td>
<td>339</td>
</tr>
<tr>
<td>SOCESS</td>
<td>1,422</td>
<td>5,688</td>
<td>948</td>
</tr>
<tr>
<td>Network Analysis Survey</td>
<td>690</td>
<td>1,380</td>
<td>230</td>
</tr>
<tr>
<td>Financial Mapping Interview</td>
<td>225</td>
<td>450</td>
<td>95</td>
</tr>
<tr>
<td>Benchmark Tool</td>
<td>12</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>Financial Planning</td>
<td>54</td>
<td>162</td>
<td>32</td>
</tr>
<tr>
<td>Child and family instruments</td>
<td>9,242</td>
<td>27,726</td>
<td>2,366</td>
</tr>
<tr>
<td>Total</td>
<td>12,107</td>
<td>36,354</td>
<td>4,330</td>
</tr>
</tbody>
</table>

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–B, Rockville, Maryland 20857. Or email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by February 21, 2017.

Summer King, Statistician.

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: 2017–2020 National Survey on Drug Use and Health: Methodological Field Tests (OMB No. 0930–0290)—Extension

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, the Office of National Drug Control Policy (ONDCP), federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

Methodological tests will continue to be designed to examine the feasibility, quality, and efficiency of new procedures or revisions to existing survey protocol. Specifically, the tests will measure the reliability and validity of certain questionnaire sections and items through multiple measurements on a set of respondents; assess new methods for gaining cooperation and participation of respondents with the goal of increasing response and decreasing potential bias in the survey estimates; and assess the impact of new sampling techniques and technologies on respondent behavior and reporting. Research will involve focus groups, cognitive laboratory testing, customer satisfaction surveys, and field tests.

These methodological tests will continue to examine ways to increase data quality, lower operating costs, and gain a better understanding of sources and effects of nonsampling error on NSDUH estimates. Particular attention will be given to minimizing the impact of design changes so survey data continue to remain comparable over time. If these tests provide successful results, current procedures or data collection instruments may be revised. The number of respondents to be included in each field test will vary,
depending on the nature of the subject being tested and the target population. However, the total estimated response burden is 8,225 hours. The exact number of subjects and burden hours for each test are unknown at this time, but will be clearly outlined in each individual submission. These estimated burden hours are distributed over three years as follows:

<table>
<thead>
<tr>
<th>Time period</th>
<th>Respondent burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2017 to May 2018</td>
<td>2,742</td>
</tr>
<tr>
<td>May 2018 to May 2019</td>
<td>2,742</td>
</tr>
<tr>
<td>May 2019 to May 2020</td>
<td>2,741</td>
</tr>
<tr>
<td>Total</td>
<td>8,225</td>
</tr>
</tbody>
</table>

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–B, Rockville, Maryland 20857. OR email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by February 21, 2017.

Summer King, Statistician.

Federal Emergency Management Agency

Board of Visitors for the National Fire Academy


Action: Notice.

Summary: This is a notice of the Presidential declaration of a major disaster for the Commonwealth of Pennsylvania (FEMA–4292–DR), dated December 2, 2016, and related determinations.

Dates: Effective Date: December 2, 2016.


Supplementary information: Notice is hereby given that, in a letter dated December 2, 2016, the President issued a major disaster declaration under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. (the “Stafford Act”), as follows:

I have determined that the damage in certain areas of the Commonwealth of Pennsylvania resulting from severe storms and flooding during the period of October 20–21, 2016, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. (the “Stafford Act”). Therefore, I declare that such a major disaster exists in the Commonwealth of Pennsylvania.

In order to provide Federal assistance, you are hereby authorized to allocate funds available for these purposes such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Public Assistance in the designated areas and Hazard Mitigation throughout the Commonwealth. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Hazard Mitigation will be limited to 75 percent of the total eligible costs. Federal funds provided under the Stafford Act for Public Assistance also will be limited to 75 percent of the total eligible costs, with the exception of projects that meet the eligibility criteria for a higher Federal cost-sharing percentage under the Public Assistance Alternative Procedures Pilot Program for Debris Removal implemented pursuant to section 428 of the Stafford Act.

Further, you are authorized to make changes to this declaration for the approved assistance to the extent allowable under the Stafford Act.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Administrator, under Executive Order 12148, as amended, Steven S. Ward, of FEMA is appointed to act as the Federal Coordinating Officer for this major disaster.

The following areas of the Commonwealth of Pennsylvania have been designated as adversely affected by this major disaster:


All areas within the Commonwealth of Pennsylvania are eligible for assistance under the Hazard Mitigation Grant Program. (The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.056, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.)

W. Craig Fugate,
Administrator, Federal Emergency Management Agency.

Summary: The Board of Visitors for the National Fire Academy (Board) will meet via teleconference on January 10, 2017. The meeting will be open to the public.

Dates: The meeting will take place on Tuesday, January 10, 2017, from 1:00 to 3:00 p.m. Eastern Daylight Time. Please note that the meeting may close early if the Board has completed its business.

Addresses: Members of the public who wish to participate in the teleconference should contact Ruth MacPhail as listed in the FOR FURTHER INFORMATION CONTACT section by close of business January 8, 2017, to obtain the call-in number and access code. For information on services for individuals with disabilities or to request special assistance, contact Ruth MacPhail as soon as possible.

To facilitate public participation, we are inviting public comment on the issues to be considered by the Board as listed in the SUPPLEMENTARY INFORMATION section. Comments must be submitted in writing no later than January 8, 2017, and must be identified by Docket ID FEMA–2008–0010 and may be submitted by one of the following methods:

• Federal eRulemaking Portal: http://www.regulations.gov. Follow the instructions for submitting comments.

• Email: FEMA-RULES@fema.dhs.gov. Include the docket number in the subject line of the message.