Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60-days.

Proposed Project: Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments (Extension)—OMB No. 0990–0169-Office of Grants, ASRT, OS.

Abstract: The information collection is for pre-award, post-award, and subsequent reporting and recordkeeping requirements for grants and cooperative agreements. The information collected is necessary to award, monitor, close out and manage grant programs, ensure minimum fiscal control and accountability for Federal funds and deter fraud, waste, and abuse. HHS needs this information to meet its Federal stewardship responsibilities. The authorization for the collection of information is under the Department of Health and Human Services regulation 45 CFR part 92, ''Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments.'' The requested extension is for 3 years. Respondents are State, local and tribal governments.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State, Local and Tribal Governments	4,000	1	70	280,000

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E9–15366 Filed 6–26–09; 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

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, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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: Data Collection Tool for Rural Hospital Flexibility Grant Program: (New)

The mission of the Office of Rural Health Policy (ORHP) is to sustain and improve access to quality care services for rural communities. In its authorizing language, Congress charged ORHP with administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas. See Section 711 of the Social Security Act [42 U.S.C. 912].

ORHP seeks to expand the information gathered from grantees on their use of the grant funds. Specifically, Rural Hospital Flexibility Grant Program (Flex) grantees would be required to report on three areas. First, Flex grantees would be required to report on the number of Critical Access Hospitals (CAHs), other eligible hospitals, Emergency Medical Service (EMS) providers, or rural health networks they have worked with during the grant period. Areas they can work with the CAHs and eligible hospitals include: Strategic Planning, Board Training, Networking, Benchmarking/Quality Reporting, EMS-Training, Medical Direction, Transfers, and Health Information Technology (HIT) Adoption. During the grant period, the grantee can sponsor meetings, seminars, workshops, and/or use other means as appropriate to engage with the hospitals on any of the above subjects or others that are not listed. The Flex grantees would report information on the total number of hospitals or other organizations that participated in any sponsored activities, as well as provide the name of the hospitals and organizations and their addresses.

In addition, ORHP seeks further information on the use of grant funds. Many Flex grantees use sub-contractual agreements to provide direct aid to CAHs, eligible hospitals, rural health networks, EMS providers or other organizations. ORHP will ask each Flex grantee to list all sub-contractual awards made during the grant period, identify the organization which received Flex funding, the amount they received, and the purpose of award. Services provided to CAHs, other hospitals or providers, EMS providers or other entities will be quantified and the value of the service provided will be submitted.

Finally, ORHP also seeks information on the EMS activities undertaken with

Flex funding, such as the number of CAHs designated as Trauma Centers, the number of trained or recruited EMS medical directors, or the number of EMS recruitment/retention projects initiated.

Submission may be made through the HRSA Electronic Handbook system, as part of the ORHP Performance Improvement Measurement System (PIMS).

The estimated average annual burden per year is as follows for the Annual Data Report:

Type of respondent	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
States	45	1	12.5	562.5
Total	45			562.5

E-mail comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 19, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–15201 Filed 6–26–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–09–09BY]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960, send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

Healthy Housing Lead Poisoning Surveillance System (HHLPSS)—New—National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Healthy Housing Lead Poisoning Surveillance System (HHLPSS) builds upon previous efforts by the National Blood Lead Surveillance System (NBLSS) to characterize the home environment in terms of not only lead poisoning risk factors, but also other home-based risk factors. While the earlier NBLSS was focused on homes of children less than 6 years old, the new HHLPSS will enable flexibility to evaluate all homes, regardless of the presence of children < age 6 years. The overarching goal of this system is to establish Healthy Housing Surveillance Systems at the state and national levels. Currently, 40 state and local Childhood Lead Poisoning Prevention Programs (CLPPP) report information (*e.g.*, presence of lead paint, age of housing, and type of housing) to the NBLSS. The addition of a new panel of housing questions would help to provide a more comprehensive picture of housing stock in the United States and potentially modifiable risk factors.

The objectives for developing this system are two-fold. First, the program would like to use surveillance data to estimate the extent of housing-related injuries and asthma. This is important because it will allow the program to systematically track the management and follow-up of those residents with these health outcomes.

The next objective for the development of this system is to examine potential housing-related risk factors. Childhood lead poisoning is just one of many adverse health conditions that are related to common housing deficiencies. Multiple hazards in housing, *e.g.*, mold, vermin, radon and the lack of safety devices, continue to adversely affect the health of residents. It is in the interest of public health to expand from a single focus on lead poisoning prevention to a coordinated, comprehensive, and systematic approach to eliminating multiple housing-related health hazards. The current NBLSS system requires reporting of child blood lead levels and the new HLPSS will continue this effort.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State and Local Health Departments for Child Surveillance	40	4	4	640
Total				640