

TABLE 1—ANNUALIZED RESPONDENT BURDEN HOURS, 2014–2015—Continued

Estimated annual response burden				
Type of grantees	Number of respondents	Responses per respondent	Average hours per response	Total burden hours
Behavioral Health Treatment Court Collaborative (BHTCC) .....	100	1	0.10	10
Cooperative Agreements to Benefit Homeless Individuals (CABHI) .....	50	1	0.10	5
Primary and Behavioral Health Care Integration (PBHCI) .....	150	1	0.10	15
Total .....	300	.....	.....	60

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](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by February 24, 2014.

**Summer King,**  
Statistician.

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## 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: Participant Feedback on Training Under the Cooperative Agreement for Mental Health Care Provider Education in HIV/AIDS Program (OMB No. 0930–0195)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) intends to continue to conduct a multi-site assessment for the Mental Health Care Provider Education in HIV/AIDS Program. The education programs funded under this cooperative agreement are designed to disseminate knowledge of the psychological and neuropsychiatric sequelae of HIV/AIDS to both traditional (e.g., psychiatrists, psychologists, nurses, primary care physicians, medical students, and social workers) and non-traditional (e.g., clergy, and alternative health care workers) first-line providers of mental

health services, in particular to providers in minority communities.

The multi-site assessment is designed to assess the effectiveness of particular training curricula, document the integrity of training delivery formats, and assess the effectiveness of the various training delivery formats. Analyses will assist CMHS in documenting the numbers and types of traditional and non-traditional mental health providers accessing training; the content, nature and types of training participants receive; and the extent to which trainees experience knowledge, skill and attitude gains/changes as a result of training attendance. The multi-site data collection design uses a two-tiered data collection and analytic strategy to collect information on (1) the organization and delivery of training, and (2) the impact of training on participants' knowledge, skills and abilities.

Minor changes to the feedback form instruments are requested based on based on a review and assessment of participant feedback form data collected over the past two years of the contract. CMHS identified some outdated and rarely-used response options for all participant response forms and the session reporting form and removed these items from the individual data collection tools. Table 1 shows the response options removed from the previous iterations of the MHCPE participant feedback forms and session reporting form.

TABLE 1—CHANGES TO PARTICIPANT FEEDBACK FORMS

Type of feedback form	Question No.	Change(s)	Reason for change
All Participant Feedback Forms ( <i>General Education, Neuropsychiatric, Adherence, Ethics</i> ).	Q7	■ Removal of response option “other” .....	Rarely/never used response option(s).
	Q8, Q9A	■ Removal of response option “Dentist/Dental Assistant”.	Rarely/never used response option(s).
Session Reporting Form .....	Q6	■ Removal of the following response options: ..... —State/Local Department of Public Welfare —HMO/Managed Care Organization —Migrant Health Center —Other MHCPE Program —State/Local Department of Corrections	Rarely/never used response option(s).

TABLE 1—CHANGES TO PARTICIPANT FEEDBACK FORMS—Continued

Type of feedback form	Question No.	Change(s)	Reason for change
	Q11	■ Removal of response option “Audio tapes” .....	Outdated response option.

Information about the organization and delivery of training will be collected from trainers and staff who are funded by these cooperative agreements/contracts, hence there is no

respondent burden. All training participants will be asked to complete a brief feedback form at the end of the training session. CMHS anticipates funding up to 10 education sites for the

Mental Health Care Provider Education in HIV/AIDS Program. The annual burden estimates for this activity are shown below in Table 2.

TABLE 2—ANNUAL BURDEN ESTIMATE

Annualized Burden Estimates and Costs  
Mental Health Care Provider Education in HIV/AIDS Program (10 sites)

Form	No. of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
<b>All Sessions</b>					
<b>One form per session completed by program staff/trainer</b>					
Session Report Form .....	600	1	600	0.08	48
Participant Feedback Form (General Education) .....	5,000	1	5,000	0.167	835
Neuropsychiatric Participant Feedback Form .....	4,000	1	4,000	0.167	668
Adherence Participant Feedback Form .....	1,000	1	1,000	0.167	167
Ethics Participant Feedback Form .....	2,000	1	2,000	0.167	125
Total .....	12,600	.....	12,600	.....	1,843

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](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by February 24, 2014.

Summer King,  
Statistician.

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## DEPARTMENT OF HOMELAND SECURITY

### U.S. Customs and Border Protection

#### Agency Information Collection Activities: CBP Regulations Pertaining to Customs Brokers

##### Correction

In notice document 2013–30220 appearing on page 76851 of the issue of Thursday, December 19, 2013, make the following correction:

In the first column, in the heading, the subject line is corrected to read as set forth above.

[FR Doc. C1–2013–30220 Filed 12–24–13; 8:45 am]

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## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–5690–N–18]

#### 60-Day Notice of Proposed Information Collection: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, PIH, HUD.

**ACTION:** Notice.

**SUMMARY:** HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comment from all interested parties on the proposed collection of information. The purpose of this notice is to allow for 60 days of public comment.

**DATES:** *Comments Due Date:* February 24, 2014.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Colette Pollard, Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street SW., Room 4176, Washington, DC

20410–5000; telephone 202–402–5564 (this is not a toll-free number) or email at [Colette.Pollard@hud.gov](mailto:Colette.Pollard@hud.gov) for a copy of the proposed forms or other available information. Persons with hearing or speech impairments may access this number through TTY by calling the toll-free Federal Relay Service at (800) 877–8339.

#### FOR FURTHER INFORMATION CONTACT:

Arlette Mussington, Office of Policy, Programs and Legislative Initiatives, PIH, Department of Housing and Urban Development, 451 7th Street SW., (L'Enfant Plaza, Room 2206), Washington, DC 20410; telephone 202–402–4109, (this is not a toll-free number). Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at (800) 877–8339. Copies of available documents submitted to OMB may be obtained from Ms. Mussington.

**SUPPLEMENTARY INFORMATION:** This notice informs the public that HUD is seeking approval from OMB for the information collection described in Section A.

#### A. Overview of Information Collection

*Title of Information Collection:* Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.