Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost to the Federal Government for this research project. Since this project's activities will span a single year the total and annualized costs are identical. The estimated total cost is $409,388.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUAL COST* TO THE FEDERAL GOVERNMENT

Cost component	Total cost	Annualized cost
Administration and Coordination Activities	$91,673	$91,673
Technical Expert Panel	74,217	74,217
Environmental Scan and Grey Literature Review	58,413	58,413
0MB Submission Package	11,574	11,574
Interviews with Study Participants	102,018	102,018
Recommendations for Health IT Vendors and Developers	48,612	48,612
Dissemination Activities	14,325	14,325
508 Compliance	8,556	8,556
Total	409,388	409,388

*Costs are fully loaded including overhead, G&A and fees.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, 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 healthcare research and healthcare 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: March 17, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–7443 Filed 3–30–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day-11–09BK]

Agency Forms Undergoing Paperwork Reduction Act Review

The Agency for Toxic Substances and Disease Registry (ATSDR) 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/ATSDR Reports Clearance Officer at (404) 639–5960 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Registration of Individuals Displaced by the Hurricanes Katrina and Rita (Pilot Project)—New—Agency for Toxic Substances and Disease Registry (ATSDR), Office of Noncommunicable Diseases, Injury, and Environmental Health (ONDIEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

On August 29, 2005, Hurricane Katrina made landfall on the coast of the Gulf of Mexico near New Orleans, Louisiana, and became one of the most deadly and destructive storms in U.S. history. Also occurring in 2005, Hurricane Rita was the fourth-most intense Atlantic hurricane ever recorded and the most intense tropical cyclone ever observed in the Gulf of Mexico. Following the initial phase of the response, the Federal Emergency Management Agency (FEMA) assumed the primary role for housing displaced persons over the intermediate term. To support those needing temporary housing, FEMA provided over 143,000 travel trailers, park homes, and mobile homes for persons displaced by the above mentioned storms. However, some persons living in trailers complained of an odor or of eye or respiratory tract irritation.

FEMA entered into an Interagency Agreement with the Centers for Disease Control and Prevention (CDC)/ATSDR on August 16, 2007 to conduct a comprehensive public health assessment, based on objective and credible research, of air quality conditions present in FEMA housing units to guide FEMA policy makers and inform the public as to the actual conditions in the field and any actions required to better promote a safe and healthful environment for the disaster victims FEMA housed in the units. FEMA's agreement with the CDC includes an initial formaldehyde exposure assessment as well as a subsequent long-term study of the health effects among residents if feasible. Formaldehyde testing conducted and evaluated by the CDC pursuant to the initial exposure assessment has identified the need to evaluate the feasibility of establishing a national registry to identify and monitor the health of disaster victims who occupied FEMA-provided temporary housing units. The establishment of such a registry would complement the long-term health effects study set forth in the FEMA–CDC Interagency Agreement.

The goal of the proposed pilot registry will be to test the feasibility of contacting and enrolling members of the targeted group in a registry.

A pre-registration dataset will be created before enrollment. This dataset will be populated with contact information of the exposed population—occupants of temporary housing units. FEMA will provide the dataset for this pilot registry.

A computer-assisted telephone interview (CATI) system based on a paper questionnaire will be used during all interviews to collect data for this project. The first part will consist of screening questions to determine eligibility for enrollment. The second part will contain contact information of the registrant and other household members, demographics, and health status questions focusing on respiratory outcomes and cancer.

The registry will include respondents who occupied FEMA-provided temporary housing units. The two-minute screening questionnaire will be administered to a total of 8,000 respondents. Annualized over a two year period, 4,000 respondents will be screened. The 25 minute main questionnaire will be administered to a total of 5,000 respondents. Annualized over a two year period, 2,500 temporary housing unit occupants will complete the main questionnaire.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 1176.

Estimated Annualized Burden Hours

Respondents Form	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)
Screening questionnaire	4,000	1	2/60
Main questionnaire	2,500	1	25/60

Dated: March 23, 2011.

Daniel Holcomb,

Reports Clearance Officer, Agency for Toxic Substances and Disease Registry.

[FR Doc. 2011–7580 Filed 3–30–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11–11BO]

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) 639–5960 or send an e-mail 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

Community-based Organization (CBO) Monitoring and Evaluation Project (CMEP) of Respect—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Background and Brief Description

CDC began formally partnering with CBOs in the late 1980s to expand the reach of HIV prevention efforts. CBOs were, and continue to be, recognized as important partners in HIV prevention because of their history and credibility with target populations and their access to groups that may not be easily reached. Over time, CDC's program for HIV prevention by CBOs has grown in size, scope, and complexity to respond to changes in the epidemic, including the diffusion and implementation of Effective Behavioral Interventions (EBIs) for HIV prevention.

CDC's EBIs have been shown to be effective under controlled research environments, but there is limited data on intervention implementation and client outcomes in real-world settings (as implemented by CDC-funded CBOs). The purpose of CMEP–Respect is to (a) improve the performance of CDC-funded CBOs delivering particular individual- or group-level behavioral interventions by monitoring changes in clients' self-reported HIV transmission risk behaviors after participating in the intervention; and (b) assess the fidelity of the implementation of the selected intervention at the CBO. The project also plans to conduct process monitoring of the delivery of the intervention in terms of recruitment, retention, data collection, data entry, and data management. Four CBOs will receive supplemental funding under PS 10–1003 over a five-year period to participate in CMEP–Respect.

From July 1, 2011 to June 30, 2015, CBOs will conduct outcome and process monitoring for this project. Each agency will recruit 400 men who are 18 years of age and older, report having had anal sex with a male in the last 12 months, and are enrolled in Respect to participate in CMEP–Respect. Each participant will complete a 20 minute, self administered, computer based interview prior to their participation in the Respect intervention and an 18 minute, self administered, computer based interview at two follow-up time points (90- and 180-days following the Respect intervention) to assess their HIV and STD related attitudes and behavioral risks. CBOs will be expected to retain 80% of these participants at both follow-up interviews.

Throughout the project, funded CBOs will be responsible for managing the daily procedures of CMEP–Respect to ensure that all required activities are performed, all deadlines are met, and quality assurance plans, policies and procedures are upheld. CBOs will be responsible for participating in all CDC-sponsored grantee meetings related to CMEP–Respect. There are no costs to the respondents other than their time. The total estimated annual burden hours are 342.