

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of projects	Number of responses per project	Hours per response	Total burden hours
Demonstration Staff Interviews	5	6	1.25	38
Survey of Pharmacists	5	* 75	30/60	188
Total	10	na	na	226

*We expect that some demonstration projects will have fewer than 75 responses, but we are indicating 75 responses here to avoid underestimating the response burden.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of projects	Total burden hours	Average hourly wage rate *	Total cost burden
Demonstration Staff Interviews	5	38	\$47.58	\$1,808
Survey of Pharmacists	5	188	47.58	8,945
Total	10	226	na	10,753

*Based on the national average wage for pharmacists (29–1051), National Compensation Survey: Occupational Wages in the United States May 2007, U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

The estimated total cost to the Federal government for this one year evaluation is \$208,874. Exhibit 3 shows a breakdown of the costs.

EXHIBIT 3—ESTIMATED ANNUAL COSTS TO THE FEDERAL GOVERNMENT

Component	Total
Developing the interview guide and survey instrument	\$33,905
Preparing OMB clearance submission	6,704
Site visits to each demonstration	73,368
Analyzing the data from each demonstration site.	54,835
Preparing a final report	40,062
Total	208,874

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 health care research and health care 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: April 15, 2009.

Carol M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management

and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Voluntary Partner Surveys in the Health Resources and Services Administration—(OMB No. 0915–0212): Extension

In response to Executive Order 12862, the Health Resources and Services Administration (HRSA) conducts voluntary customer surveys of its partners to assess strengths and weaknesses in program services. To continue the periodic customer or partner satisfaction survey activities, HRSA is requesting an extension of approval from OMB. HRSA partners are, typically, State or local governments, health care facilities, health care consortia, and health care providers. Partner surveys to be conducted by HRSA might include, for example, brief surveys of grantees to determine satisfaction with a technical assistance contractor, or, in-class evaluation forms completed by providers who receive training from HRSA grantees, to measure satisfaction with the training experience. Results of these surveys will be used to plan and direct program efforts as needed to improve service. Focus groups may also be used as a potential method to obtain input on services and training. Focus groups, in-class evaluation surveys, and satisfaction surveys provide valuable input from HRSA partners and customers on agency services and materials.

The estimated annual burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Surveys	50,000	1	50,000	.1	5,000
Focus groups	50	1	50	1.5	75
Total	50,050		50,050		5,075

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to OIRA_submission@omb.eop.gov or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: April 17, 2009.

Alexandra Hutteringer,

Director, Division of Policy Review and Coordination.

[FR Doc. E9-9383 Filed 4-23-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Refugee Resettlement

Notice of Grants Awards

AGENCY: Office of Refugee Resettlement, Administration for Children and Families.

ACTION: Notice is hereby given that awards will be made to nine unaccompanied alien children (UAC) care providers in the amount of \$9,714,681: Catholic Charities Archdiocese of Miami, FL: \$1,460,667; Heartland Alliance, Chicago, IL: \$935,645; Southwest Key Phoenix, AZ: \$762,970; Southwest Key El Paso, TX: 229,590; Florence Crittenton, Fullerton, CA: \$2,215,000; LSS of the South, Corpus Christi, TX: \$439,955; Baptist Children and Families, San Antonio, TX: \$2,970,854; Lutheran Immigrant and Refugee Services, Baltimore, MD: \$350,000; and US Conference of Catholic Bishops, Baltimore, MD: \$350,000.

CFDA#: 93.676.

Legislative Authority: Section 462 of the Homeland Security Act of 2002, 6 U.S.C. 279, and Section 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, 8 U.S.C. 1232.

Project Period: 5/1/2009-9/30/2009.

SUMMARY: This funding will support the expansion of shelter/foster care program bed capacity to meet the additional number of unaccompanied alien

children (UAC) referrals from the Department of Homeland Security (DHS) and other Federal agencies resulting from the recent passage of the William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008. Many provisions in the TVPRA will dramatically affect the Office of Refugee Resettlement (ORR) UAC program's capacity to provide placement, custodial and residential shelter care services. ORR expects an additional 6,800 referrals annually from DHS.

The program has very specific requirements for the provision of services. Existing grantees are the only entities with the infrastructure, licensing, experience and appropriate level of trained staff to meet the service requirements and the urgent need for expansion. The program's ability to avoid a backlog of children waiting in border patrol stations for placement can only be accommodated through the expansion of existing programs through this supplemental award process.

FOR FURTHER INFORMATION CONTACT:

Kenneth Tota, Office of Refugee Resettlement, Administration for Children and Families, 370 L'Enfant Promenade, SW., Washington, DC 20447, (202) 401-4858.

Dated: April 13, 2009.

David H. Siegel,

Acting Director, Office of Refugee Resettlement.

[FR Doc. E9-9429 Filed 4-23-09; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

"Low Income Levels" Used for Various Health Professions and Nursing Programs Included in Titles III, VII and VIII of the Public Health Service Act

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is

updating income levels used to identify a "low income family" for the purpose of determining eligibility for programs that provide health professions and nursing training for individuals from disadvantaged backgrounds. These various programs are included in Titles III, VII and VIII of the Public Health Service Act.

The Department periodically publishes in the **Federal Register** low-income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from disadvantaged backgrounds, or (3) individuals from "low-income" families.

SUPPLEMENTARY INFORMATION: The various health professions and nursing grant and cooperative agreement programs that use the low-income levels to determine whether an individual is from an economically disadvantaged background in making eligibility and funding determinations generally make awards to: Accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

Low-Income Levels

The Secretary defines a "low-income family" for programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student's parents to compute low income status, while a few