EXHIBIT 2.—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Risk manager questionnaire	1,020	425	$27.10	$11,518
Total	1,020	425	NA	11,518

* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States 2006, "U.S. Department of Labor, Bureau of Labor Statistics."

Estimated Annual Costs to the Federal Government

The Agency is supporting the conduct of this survey and analysis of survey data as part of a contract with the RAND Corporation under which RAND serves as the Patient Safety Evaluation Center for AHRQ's patient safety initiative. The estimated cost for this work is $240,000, including $190,000 for data collection activities and $50,000 to design the study, analyze the data and report the findings.

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, quality improvement and 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: July 16, 2008.

Carolyn M. Clancy,

Director.

[FR Doc. E8–16874 Filed 7–23–08; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–08–0706]

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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is responsible for administering and monitoring the National Program of Cancer Registries (NPCR). As of 2008, CDC supports 45 states, two territories, the District of Columbia, and the Pacific Island Jurisdictions' unified Central Cancer Registry (CCR) for population-based cancer registries. CCRs are the foundation of cancer prevention and control, providing information from reporting jurisdictions to ensure that high-quality and timely cancer surveillance data are available to CDC.

CDC has collected program activity information from NPCR-funded registries on an annual basis. Beginning in 2009, CDC proposes to change the data collection frequency from annual to every other year, with data collection occurring only in odd-numbered years. Information will be collected electronically in 2009 and 2011 using the Web-based Program Evaluation Instrument (NPCR–PEI). The information will be used to evaluate various attributes of the registries funded by NPCR, monitor NPCR registries' progress towards program standards and objectives, compare an individual NPCR registry's progress towards standards with national program standards, and disseminate information about the NPCR. Continued clearance for a three-year period is requested.

There are no costs to respondents except their time. The total estimated annualized burden hours are 50.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
NPCR Grantees	33	1	1.5

Dated: July 15, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–16937 Filed 7–23–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–07BK]

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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Transgender HIV Behavioral Survey (THBS)—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention request approval for a term of 2 years for a new project that will pilot a questionnaire and protocol for an HIV-related behavioral survey among transgender persons of color. The objectives of the pilot will be to assess the content of the questionnaire as well as the efficiency and feasibility of the methods for sampling and recruiting transgender persons.

The goal of the survey is to inform health departments, community based organizations, community planning groups and other stakeholders: (a) The prevalence of risk behaviors, (b) the prevalence of HIV testing and HIV infection; (c) the prevalence of the use of HIV prevention services; and, (d) identify met and unmet needs for HIV prevention services. This project addresses the goals of CDC's HIV Prevention Strategic Plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

Data will be collected through in-person and computer-assisted self interviews conducted in 4 Metropolitan Statistical Areas (MSA) throughout the United States. The MSA chosen will be among those currently participating in the National HIV Behavioral Surveillance system (see **Federal Register** dated January 19, 2007: Vol. 72, No. 12, pages 2529–2530). A brief, in-person, computer-assisted screening interview will be used to determine eligibility for participation in the full survey. Data for the full survey will be collected using computer-assisted self interviews. Besides determining the content of the final survey instrument and the sampling methods, the data from the full survey will provide estimates of behavior related to the risk of HIV and other sexually transmitted diseases, prior testing for HIV, and use of HIV prevention services. No other federal agency systematically collects this type of information from transgender persons at risk for HIV infection. This data will have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that, in each year, THBS will involve eligibility screening of a total of 240 persons and will collect survey information from 200 eligible respondents. Thus, over the two year period 480 persons are estimated to complete the screener and 400 eligible respondents to complete the survey. Participation of respondents is voluntary and there is no cost to the respondents other than their time. The total annualized burden is 170 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Referred Individuals	Screener	240	1	5/60
Eligible Respondents	Survey	200	1	45/60

Dated: July 15, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers of Disease Control and Prevention.

[FR Doc. E8–16938 Filed 7–23–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08–07BE]

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) 639–4766 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Research to Reduce Time to Treatment for Heart Attack/Myocardial Infarction for Rural American Indians/Alaska Natives (AI/AN)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Every year, approximately 1.1 million Americans have a first or recurrent heart attack/myocardial infarction (MI) and about one third of these will be fatal. Early recognition of MI by both the victim and bystanders followed by prompt cardiac emergency and advanced care has a direct effect on patient outcomes; the shorter the delay to treatment, the better the outcomes. Research indicates that public recognition of major MI symptoms, and the need for immediate action by calling 9–1–1, is poor and that patient delay accounts for most of the lag in