Amendments and Reauthorization Act of 1986.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Michigan Shoreline Anglers	Screening Questionnaire	350	1	5/60
	Telephone Questions for Scheduling Appointments.	250	1	7/60
	Informed Consent	200	1	1/60
	Biomonitoring Questionnaire	200	1	54/60
American Indians from Minnesota	Recruitment Calling Script	312	1	5/60
	Refusal Questions Form	62	1	2/60
	Individual Consent Form	250	1	3/60
	Contact Information Form	250	1	2/60
	Study Participant Questionnaire	250	1	30/60
	Clinic Visit Form	250	1	1/60
	Participation Record	250	1	3/60
New York State Licensed Anglers	Mail-in Eligibility Screening Survey	300	1	5/60
	Online Eligibility Screening Survey	450	1	5/60
	Telephone Script for Non-responders to Screening.	500	1	5/60
	Telephone Script for Eligible Responders to Screening.	150	1	5/60
	Informed Consent	200	1	1/60
	Interview Questionnaire	200	1	30/60
Immigrants from Burma and Descendants	Eligibility Screening Survey	92	1	5/60
	Informed Consent	50	1	1/60
	Interview Questionnaire	50	1	1
	Network Size Questions for Respondent Driven Sampling.	50	1	5/60

Kimberly S. Lane,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–12–0338]

Agency Forms Undergoing Paperwork Reduction Act Review

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 404–639–7570 or send comments to Kimberly Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email 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

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S. (OMB No. 0920–0338, exp. 9/30/2012)—Extension—Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The oral use of smokeless tobacco (SLT) products represents a significant health risk. Smokeless tobacco products contain carcinogens which can cause cancer and a number of non-cancerous oral conditions, as well as leading to nicotine addiction and dependence. Furthermore, SLT use is not a safe substitute for cigarette smoking. Adolescents who use smokeless tobacco are more likely to become cigarette smokers.

The Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH), has primary responsibility for the Department of Health and Human Services (HHS) smoking and health program. HHS's overall goal is to reduce death and disability resulting from the use of smokeless tobacco products and other forms of tobacco through programs of information, education and research.

The Comprehensive Smokeless Tobacco Health Education Act of 1986 (CSTHEA, 15 U.S.C. 4401 *et seq.,* Pub. L. 99–252) requires each person who manufactures, packages, or imports smokeless tobacco products to provide the Secretary of Health and Human Services (HHS) with a list of ingredients added to tobacco in the manufacture of smokeless tobacco products. CSTHEA further requires submission of the quantity of nicotine contained in each smokeless tobacco product. Finally, the legislation authorizes HHS to undertake research, and to report to Congress (as

deemed appropriate) discussing the health effects of these ingredients.

HHS has delegated responsibility for implementing the required information collection to CDC's Office on Smoking and Health. Respondents are not required to submit specific forms; however, they are required to meet reporting guidelines and to submit the ingredient report by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies that are required to report ingredients added to other consumer products. Typically, respondents submit a summary report to CDC with the ingredient information for multiple products, or a statement that there are no changes to their previously submitted ingredient report. Respondents may submit the required information to CDC through a designated representative. The information collection is subject to strict confidentiality provisions.

Ingredient reports for new SLT products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to OSH by mailing a written report on the respondent's letterhead, by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted. Upon receipt and verification of the annual nicotine and ingredient report, OSH issues a Certificate of Compliance to the respondent.

There are no changes to information collection procedures or the estimated burden per response. There is an increase in total estimated burden due to an increase in the estimated number of respondents, from 11 to 13. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers.	SLT Nicotine and Ingredient and Report.	13	1	1,713	22,269

Kimberly S. Lane,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Objective Work Plan (OWP), Objective Progress Report (OPR) and Project Abstract.

OMB No.: 0980–0204.

Description: Content changes are being proposed for the OPR and OWP ONLY. The information in the OPR is collected on a quarterly basis to monitor the performance of grantees and better gauge grantee progress. The standardized format allows ANA to report results across all its program areas and flag grantees that may need additional training and/or technical assistance to successfully implement their projects. The following are proposed changes within specific sections of the OPR form:

Objective Work Plan Update Section: ANA has added fields for 1st through 4th Quarter (Q1,Q2,Q3,Q4) to report the results for activities within each Project Objective. The grantee may continue to add to this form each quarter (rather than to a new form), reflecting cumulative results throughout the project period instead of a single quarter.

Financial Section: ANA has added 2 questions to: (1) Provide details on any income generated as a result of ANA project activities; (2) Provide details on any changes made to the budget during the reporting period.

Native American Youth and Elder Opportunities Section: ANA has added a question to: (1) Request details on any intergenerational activities between grandparents and their grandchildren. Finally, ANA has added a new section (last section) to the form titled: PROJECT SUSTAINABILITY, to: (1) Request details on the grantee's intention to continue the project benefits and/or services after ANA's funding period for the project has ended.

End of Changes to the OPR

The OWP: The information collected through the OWP is needed to properly administer and monitor the Administration for Native Americans (ANA) programs. The OWP assists applicants in describing their projects' objectives and activities, and also assists independent panel reviewers, ANA staff and the ANA Commissioner during review and funding decision process.

Changes Specific Sections of the OWP

Problem Statement: ANA added a field for applicants to include the problem statement they identified in their grant application.

Position Performing the Activity: On the previous OWP, ANA requested applicants to identify the position responsible for each activity. ANA has changed this title to ''position performing the activity'' and applicants are asked to identify the lead person in one column and other support persons in the second column.

End of Changes to the OWP

Project Abstract: The Project Abstract form is no longer managed by ANA.

Respondents: Tribal Government, Native Non-profit Organizations, Tribal Colleges & Universities.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OWP	500	1	3	1,500
OPR	275	4	1	1,100