

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary**

[Document Identifier HHS–OS–20875–30D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request**AGENCY:** Office of the Secretary, HHS.**ACTION:** Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for reinstating the use of the approved information collection assigned OMB control number 0990–0317, which expired on October 31, 2013. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before December 16, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690–6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS–OS–20875–30D for reference.

Information Collection Request Title: HHS Supplemental Form to the SF–424 (HHS 5161–1)

OMB No.: 0990–0317.

Abstract: HHS is requesting clearance for reinstatement without change of the previously approved Checklist and Program Narrative used by the Substance Abuse and Mental Health Services Administration (SAMHSA) and former PHS agencies within HHS, including the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

Need and Proposed Use of the Information: Each agency's financial assistance program evaluates the information provided by the applicants to select the ones most likely to meet program objectives and to determine that satisfactory progress is being made on funded projects.

Likely Respondents: CDC, SAMHSA, IHS, OS, FDA, and HRSA.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Forms	Number of respondents	Response per respondent	Average burden per response (in hours)	Total burden (in hours)
Program Narrative and Checklist (SAMHSA)	2,121	1	4	8,484
Program Narrative and Checklist (CDC)	59	6	24	8,496
Program Narrative and Checklist (HRSA)	59	1	50	2,950
Total	19,930

Darius Taylor,

Deputy, Information Collection Clearance Officer.

[FR Doc. 2013–27410 Filed 11–14–13; 8:45 am]

BILLING CODE 4151–17–P**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

[60-Day–14–14CJ]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Leroy Richardson, 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

Racial and Ethnic Approaches to Community Health (REACH) Demonstration Projects: Evaluation Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, chronic conditions such as heart disease, obesity and diabetes are among the leading causes of death and disability. The devastating effects of these conditions can be reduced by adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use.

CDC has supported a variety of programs aimed at promoting evidenced-based strategies to improve public health. However, despite indications of progress in overall population health, disparities in health status persist for many minority groups.