submit two *Part A MAI Reports* annually: The *Part A MAI Plan* (*Plan*) and the *Part A MAI Year-End Annual Report* (*Annual Report*). The *Plan* and *Annual Report* components of the report are linked to minimize the reporting burden and include drop-down menu responses; fields for reporting budget, expenditure, and aggregated client level data; and open-ended responses for describing client or service-level outcomes. Together, the *Plan* and *Annual Report* components collect information from grantees on MAI-funded services, expenditure patterns, the number and demographics of clients served, and client-level outcomes.

The MAI *Plan* Narrative that accompanies the *Plan* web forms provides: (1) An explanation of the data submitted in the *Plan* web forms; (2) a summary of the *Plan,* including the plan and timeline for disbursing funds, monitoring service delivery, and implementing any service-related capacity development or technical assistance activities; and (3) the plan and timeline for documenting client-level outcome measures. In addition, if the EMA/TGA revised any planned services, allocation amounts, or target communities after their grant application was submitted, the changes must be highlighted and explained. The accompanying MAI *Annual Report* Narrative describes: (1) Progress towards achieving specific goals and objectives identified in the grantee's approved MAI Plan for that fiscal year and in linking MAI services/activities to Part A and other Ryan White Program services; (2) achievements in relation to client-level health outcomes; (3) summary of challenges or barriers at the provider or grantee levels, the strategies and/or action steps implemented to address them, and lessons learned; and (4) discussion of MAI technical assistance needs identified by the EMA/TGA.

This information is needed to monitor and assess: (1) Changes in the type and amount of HIV/AIDS health care and related services being provided to each disproportionately impacted community of color; (2) the aggregate number of persons receiving HIV/AIDS services within each racial and ethnic community; and (3) the impact of Part A MAI-funded services in terms of client-level and service-level health outcomes. This information also is used to plan new technical assistance and capacity development activities, and influence the HRSA policy and program management functions. The data provided to HRSA does not contain individual or personally identifiable information. No changes have been made to the *Part A MAI Report.*

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 Information Collection Request are summarized in the table below.

The annual estimate of burden is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Part A MAI Report	53	2	106	5	530

Note: Data collection system enhancements have resulted in a shortened response burden (from 6 to 5 total hours per response) for respondents since the previous OMB approval request.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Deadline: Comments on this Information Collection Request must be received within 60 days of this notice.

Dated: March 14, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–06528 Filed 3–20–13; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Health Resources and Services Administration (HRSA) will submit an Information Collection Request (ICR) to the Office of Management and Budget (OMB). Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. To request a copy of the clearance requests submitted to OMB for review, email *paperwork@hrsa.gov* or call the HRSA Reports Clearance Office at (301) 443–1984.

Information Collection Request Title: Organ and Tissue Donor and Recipient Life Stories Form (OMB No. 0915–xxxx)—NEW

Abstract: HRSA's Division of Transplantation (DoT) is the primary entity in the Department of Health and Human Services (HHS) responsible for the Organ Transplant Program established under the National Organ Transplant Act (Pub. L. 98–507, codified at sections 371–377D of the Public Health Service (PHS) Act). Section 377A of the PHS Act authorizes the Secretary of HHS to establish a public education program to increase awareness about organ donation and the need to provide for an adequate rate of such donations. In brief, DoT's responsibilities are two-fold: (1) To provide oversight and guidance to the national organ transplant system in the U.S. including monitoring the Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients, and (2) to implement a program of public and professional education and outreach aimed at increasing the number of organ donors in this country. Many preventable deaths occur each year because of a staggering imbalance between the supply and demand for donor organs. As of March 2013, the national transplant waiting list exceeded 117,000. In 2011, the total number of deceased and living organ donors was only 14,145. These donors enabled 28,538 patients to receive a transplant while 6,693 died waiting. Without successful interventions to increase donation, the disparity between need and supply is likely to be substantially exacerbated, resulting in more unnecessary deaths.

Organdonor.gov is DoT's primary mechanism for providing the public with information about organ donation. Among the most visited pages on organdonor.gov are the donor and recipient life stories which in a recent evaluation study were shown to raise interest on the topic and, more important, persuade people to register as organ donors. To expand this component of organdonor.gov, DoT proposes to develop an application to give organ recipients, living donors, and donor families the opportunity to voluntarily submit their stories to DoT via a standardized online form. The online form will be posted on organdonor.gov and will collect demographic and contact information, the individual's donation/transplant story up to 500 words, a high resolution photo, and a signed authorization. The standardized, electronic form will increase HRSA staff's ability to process those stories more efficiently. In addition to enabling story submission, the online application process will make the donor and recipient life stories posted on the site searchable by the public to enhance public viewing and understanding of the organ donation process. Submission of a story and completion of the form is voluntary. Overall, this application has the potential to strengthen DoT's outreach efforts and increase organ donation registration in the United States.

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.

The annual estimate of burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Donation/Transplantation Life Story Submission Form	100	1	100	0.68	68
Total	100	1	100	0.68	68

ADDRESSES: Submit your comments to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806. Please direct all correspondence to the ''attention of the desk officer for HRSA.''

Deadline: Comments on this ICR should be received within 30 days of this notice.

Dated: March 14, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–06531 Filed 3–20–13; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Rural Health Information Technology Network Development Grant

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of non-competitive replacement award to Grace Community Health Center.

SUMMARY: The Health Resources and Services Administration (HRSA) is issuing a non-competitive replacement award under the Rural Health Information Technology Network Development Grant (RHITND) to Grace Community Health Center in order to continue the effective use of grant funds to achieve the original goals of the project. Grace Community Health Center is familiar with the project activities and will continue to follow the goals and objectives outlined in the grant. The project director will remain the same, and Grace Community Health Center has the facilities and resources necessary to support successful performance of the project.

SUPPLEMENTARY INFORMATION:

Former Grantee of Record: Knox Hospital Corporation.

Original Period of Grant Support: September 1, 2011, to August 31, 2014.

Replacement Awardee: Grace Community Health Center.

Amount of Replacement Award: $520,000.

Period of Replacement Award: The period of support for this award is March 1, 2013, to August 31, 2014.

Authority: Section 330A (f) of the Public Health Service Act, as amended, 42 U.S.C .254c (f).

Catalog of Federal Domestic Assistance Number: 93.912.

Justification for the Exception to Competition: Knox County Hospital Corporation is relinquishing its fiduciary responsibilities for the Rural Health Information Technology Network Development (RHITND) Grant to the Grace Community Health Center, Inc. This is a non-competitive replacement award. As a current network partner, Grace Community Health Center is familiar and actively involved with the project activities and will continue to follow the goals and objectives outlined in the grant. Grace Community Health Center has the facilities and resources to support the successful implementation of the RHITND program, understands its responsibilities under the replacement award, and agrees to administer the grant award consistent with the original project scope.

FOR FURTHER INFORMATION CONTACT: Marcia Green, Public Health Analyst, Office of Rural Health Policy, Health Resources and Services Administration, Room 5A–05, 5600 Fishers Lane, Rockville, Maryland 20857; (301) 443–0076; email *mgreen@hrsa.gov.*