DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Disease Control and Prevention (CDC)

Office for State, Tribal, Local and Territorial Support (OSTLTS)

In accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009 and September 23, 2004, Consultation and Coordination with Indian Tribal Governments, CDC, OSTLTS announces the following meeting and Tribal Consultation Session:

Name: Tribal Advisory Committee (TAC) Meeting and 8th Biannual Tribal Consultation Session.

Times and Dates:

8:30 a.m.–5 p.m., January 31 and February 1, 2012 (TAC Meeting).

8:30 a.m.–4 p.m., February 2, 2012 (8th Biannual Tribal Consultation Session).

Place: The TAC Meeting will be held at the Marriott Century Center, 2000 Century Boulevard, NE., Atlanta, Georgia 30345.

The 8th Biannual Tribal Consultation Session will be held at the Centers for Disease Control and Prevention's Global Communication Center, Auditorium B, 1600 Clifton Road, NE., Atlanta, Georgia 30329.

Status: The meetings are being hosted by CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) and are open to the public.

Purpose: CDC released its Tribal Consultation Policy in October of 2005 with the primary purpose of providing guidance across the agency to work effectively with American Indian/Alaska Native (AII/AN) tribes, communities, and organizations to enhance AI/AN access to CDC resources and programs. In November of 2006, an Agency Advisory Committee (the CDC/ATSDR Tribal Advisory Committee or TAC) was established to provide a complementary venue wherein tribal representatives and CDC staff will exchange information about public health issues in Indian Country, identify urgent public health needs in AI/AN communities, and discuss collaborative approaches to these issues and needs. Within the CDC Consultation Policy, it is stated that CDC will conduct government-to-government consultation with elected tribal officials or their designated representatives and confer with AI/AN community-based organizations and AI/AN urban and rural communities before taking actions and/or making decisions that affect them. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension. CDC believes that consultation is integral to a deliberative process that results in effective collaboration and informed decision making with the ultimate goal of reaching consensus on issues. Although formal responsibility for the agency's overall government-to-government consultation activities rests within the CDC Office of the Director (OD), other CDC Center, Institute, and Office leadership shall actively participate in TAC meetings and HHS-sponsored regional and national tribal consultation sessions as frequently as possible.

Matters To Be Discussed: The TAC will convene their advisory committee meeting with discussions and presentations from various CDC senior leaders on activities and areas identified by TAC members and other tribal leaders as priority public health issues. The following sessions are currently scheduled topics for presentation and discussion during the TAC Meeting; however, discussion is not limited to these topics: the CDC annual budget report, social determinants of health, social media, health care reform, the CDC Traditional Foods Program, and opportunities at CDC for Native participation.

The 8th Biannual Tribal Consultation Session will engage CDC Senior leadership from the CDC Office of the Director and various CDC Centers, Institute, and Offices including OSTLTS, the National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry (NCEH/ATSDR), the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), as well as others. Sessions that will be held during the Tribal Consultation include the following:

- National HIV/AIDS Strategy (NHAS) for the United States: CDC, the Indian Health Service and Department of Health and Human Services' Office of the Secretary are directed to consult with tribes to develop and implement scalable approaches for effective prevention interventions targeting American Indian and Alaska Native (AI/AN) populations at greatest risk for HIV and AIDS. To assist with fulfilling this requirement, (1) a brief presentation on the epidemiology of HIV and AIDS in and current prevention strategy targeting AI/AN communities, and (2) an interactive discussion on prevention needs for the population will be provided.
- Environmental Public Health: CDC's National Center for Environmental Health (NCEH) and ATSDR, will provide a brief update and summary of activities, including NCEH/ATSDR's reorganization, ongoing environmental health (EH) activities, as well as efforts to promote engagement between Tribes, states, and local agencies.
- Traditional Foods and Sustainable Ecological Approaches to Promote Health and Prevent Type 2 Diabetes in American Indian and Alaska Native Communities: This program within the National Center for Chronic Disease Prevention and Health Promotion will be seeking input on future planning scenarios related to the current 5-year cooperative agreement with 17 tribes, which ends in 2013.

Additional opportunities will be provided during the Consultation Session for tribal testimony. Tribal Leaders are encouraged to submit written testimony by 12 a.m., EST on January 18, 2012, to Kimberly Cantrell, Deputy, Tribal Support Unit, OSTLTS, via mail to 1600 Clifton Road NE., MS K–70, Atlanta, Georgia, 30329 or email to *klw6@cdc.gov*. Depending on the time available, it may be necessary to limit the time of each presenter.

The agenda is subject to change as priorities dictate.

Information about TAC and CDC's Tribal Consultation Policy and previous meetings may be referenced on the following web link: *http://www.cdc.gov/ostlts/tribal_public_health/announcements.html*.

Contact Person for More Information: Kimberly Cantrell, Deputy, Tribal Support Unit, OSTLTS, via mail to 1600 Clifton Road, NE., MS K–70, Atlanta, Georgia 30329 or email to *klw6@cdc.gov*.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

Dated: January 10, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–829 Filed 1–17–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Subsidized and Transitional Employment Demonstration (STED) and Enhanced Transitional Jobs Demonstration (ETJD).

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) has launched a national evaluation called the Subsidized and Transitional Employment Demonstration (STED). At the same time, the Employment and Training Administration (ETA) within the Department of Labor (DOL) is conducting an evaluation of the Enhanced Transitional Jobs Demonstration (ETJD). These evaluations will inform the Federal government about the effectiveness of subsidized and transitional employment programs in helping vulnerable populations secure unsubsidized jobs in the labor market and achieve self-sufficiency. The projects will evaluate up to twelve subsidized and transitional employment programs nationwide.

ACF and ETA are collaborating on the two evaluations. In 2011, ETA awarded grants to seven transitional jobs

programs as part of the ETJD, which is testing the effect of combining transitional jobs with enhanced services to assist ex-offenders and noncustodial parents improve labor market outcomes, reduce criminal recidivism, comply with child support orders and improve family engagement.

The STED and ETJD projects have complementary goals and are focusing on related program models and target populations. Thus, ACF and ETA have agreed to collaborate on the design of data collection instruments to promote consistency across the projects. In addition, two of the seven DOL-funded ETJD programs will be evaluated as part of the STED project.

The proposed information collection described here will be used for both the STED and ETJD projects. It is being submitted by ACF on behalf of both collaborating agencies.

There will be a total of twelve sites in the two projects combined. ACF and ETA estimate that 1,000 individuals will be randomly assigned at each site, for a total of 12,000 study participants across the two projects. In each site, 500 of these individuals will be assigned to the treatment group and 500 will be assigned to the control group.

Data for the study will be collected from the following three major sources:

1. *Baseline Forms.* Each subject will be asked to complete three forms upon entry into the study: (1) An informed consent form, which will require signature; (2) a contact sheet, which will obtain contact information for people who may help locate the subject for follow-up surveys; and (3) a baseline information form, which will collect demographic data and information on the subject's work and education history.

2. *Follow-Up Surveys.* Follow-up telephone surveys will be conducted with all participants. There will be three follow-up surveys in each of the seven STED sites (including the two sites that are also part of ETJD), approximately 6, 12, and 24 months after study entry.

There will be up to three follow-up surveys, at approximately 6, 12 and 30 months, in the five ETJD sites that are not part of STED.

The 6-month survey is intended to gather information from treatment and control group members while treatment group members are still participating in—or have very recently completed—a subsidized job. It will focus on self efficacy, well-being, worksite experiences, and other domains that are most likely to be directly affected by employment. The 12-month survey will collect data on study participants' receipt of services and attainment of education credentials, labor market status, material hardship, household income, criminal justice, self-sufficiency and family engagement, including, child support payments and parent-child contact. Participants will again be contacted 24 or 30 months after random assignment to follow-up and measure progress on similar domains as were measured at the 12-month point. In addition to the surveys, each respondent will be contacted once by mail and asked to provide updated contact information.

3. *Implementation Research and Site Visits.* Data on the context for the programs and their implementation will be collected during two rounds of site visits to each of the twelve sites, including interviews, focus groups, and observations. These data will be supplemented by short questionnaires for program staff, clients, worksite supervisors, and participating employers, as well as a time study for program staff.

The purpose of this **Federal Register** notice is to request approval of the baseline forms, the 6- and 12-month surveys, the implementation research protocols, and to request a waiver for subsequent 60-day notices for the other instruments listed above.

Under a related submission (OMB Number 0970–0384), a descriptive study of American Recovery and Reinvestment Act (ARRA)-funded subsidized employment programs has been released. The report can be found at *http://www.acf.hhs.gov/programs/opre/welfare_employ/stedep/reports/tanf_emer_fund.pdf.*

Respondents

The respondents to the baseline and follow-up surveys will be the study participants in the treatment and control groups. The respondents to the implementation research interviews and questionnaires will be program staff or employers who work with the subsidized employment programs, as well as clients participating in subsidized or transitional employment programs.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hour per response	Total annual burden hours [1]
Participant Burden				
Baseline forms	1,667	1	.17	283
Updated contact information	4,000	1	.03	120
6-month survey	1,867	1	.5	934
12-month survey	3,200	1	.75	2,400
Focus Group Discussion Guide	40	2	.75	60
Client Implementation Questionnaire	80	2	.33	53
Staff and Employer Burden				
Staff implementation Questionnaire	40	2	.33	26
Employer implementation Questionnaire	40	2	.33	26
Worksite Supervisor Implementation Questionnaire	40	2	.33	26
Staff Time Study	40	1	1	40
Program Staff Interview Guide	40	2	1	80

Estimated Total Annual Burden Hours: 4,048.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families and the Employment and Training Administration are e soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and

comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. Email address: *OPREinfocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agencies, including whether the information shall have practical utility; (b) the accuracy of the agencies' estimate of the burden of the proposed collection of information; (c) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer, Administration for Children and Families.

[FR Doc. 2012–812 Filed 1–17–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Child Care and Development Fund Annual Aggregate Report—ACF–800.

OMB No.: 0970–0150.

Description: Section 658K of the Child Care and Development Block Grant Act of 1990 (Pub. L. 101–508, 42 U.S.C. 9858) requires that States and Territories submit annual aggregate data on the children and families receiving direct services under the Child Care and Development Fund. The implementing regulations for the statutorily required reporting are at 45 CFR 98.70. Annual aggregate reports include data elements represented in the ACF–800 reflecting the scope, type, and methods of child care delivery. This provides ACF with the information necessary to make reports to Congress, address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research. Consistent with the statute and regulations, ACF requests extension of the ACF–800.

Respondents: States, the District of Columbia, and Territories including Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Marianna Islands.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–800	56	1	40	2,240

Estimated Total Annual Burden Hours: 2,240

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2012–737 Filed 1–17–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2012–N–0021]

Agency Information Collection Activities; Proposed Collection; Comment Request; Substances Generally Recognized as Safe: Notification Procedure

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection provisions of the Notification Procedure for Substances Generally Recognized as Safe (GRAS) and new Form FDA 3667, which may be submitted electronically via the Electronic Submission Gateway (ESG).

DATES: Submit either electronic or written comments on the collection of information by March 19, 2012.

ADDRESSES: Submit electronic comments on the collection of information to *http://www.regulations.gov.* Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the