and dissemination activities) associated with vital statistics; (5) develops and maintains systems and databases to support the National Death Index program; (6) provides consultation and expert technical assistance to the Division concerning SQL server, web services, networking applications, and other technologies that may arise; (7) prepares and maintains population databases as well as conducts studies on statistical computation and data quality; (8) designs and implements information technology applications to produce final edited and imputed vital statistics and survey data; (9) provides consultation, policy guidance and expert technical assistance NCHS-wide as well as to a broad range of agencies, institutions, federal, local, and international governments, researchers, and individuals, in regard to vital statistics systems design, administration, and usage; (10) manages national vital statistics data files and databases; (11) develops, enhances, and maintains medical classification software and procedures for collecting and processing of mortality medical data in states and at NCHS following HHS Enterprise Life Cycle Framework; and (12) tests, refines, and updates automated coding systems that assist in the production of mortality data.

Dated: September 13, 2013.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2013–22909 Filed 9–20–13; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 35936, dated June 14, 2013) is amended to reflect the establishment of the Field Support Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

After the mission statement for the Women's Health and Fertility Branch (CUCJE), Division of Reproductive Health (CUCJ), insert the following:

Field Support Branch (CUCJG). (1) Assists domestic and international health agencies in health services management, health services research, and translation of findings by providing technical assistance, including training, analytical assistance, and consultation; (2) builds epidemiology capacity in state, tribal, and urban maternal and child health organizations; (3) partners with states, tribes, local and national maternal and child health organizations, and federal agencies to improve maternal and child health; (4) collaborates with other training programs both inside and outside of CDC on reproductive, maternal and child health such as CDC's Epidemic Intelligence Service, Field Epidemiology Training Program, and Council of State and Territorial Epidemiologists; and (5) serves as the CDC lead for technical assistance and expertise in demographic analytical techniques for evaluating reproductive, maternal, infant and perinatal health.

Dated: September 13, 2013.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

[FR Doc. 2013–22908 Filed 9–20–13; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Planning Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement At-Risk of Homelessness.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to collect data for an evaluation of the initiative, Planning Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement At-Risk of Homelessness. This 2-year initiative, funded by the Children's Bureau (CB) within ACF, will support planning grants to develop a model for intervening with youth who have experienced time in foster care and are most likely to have a challenging transition to adulthood, including homelessness and unstable housing experiences. CB anticipates awarding up to 18 planning grants (Phase I). During the planning phase, organizations will develop formal plans to implement and evaluate the model under a potential future funding opportunity (Phase II).

For Phase I, CB will engage a contractor to: provide grantees with evaluation-related technical assistance (TA), implement evaluability assessments, and conduct a cross-site process evaluation. Data collected for the process evaluation will be used to assess grantees' organizational capacity and readiness to implement and evaluate the model interventions, and to conduct regular and periodic monitoring of each grantee's progress toward achieving the goals of the planning period.

Data for the process evaluation will be collected through: (1) Telephone interviews; (2) interviews and focus groups during site visits; and (3) web-based data collection.

Respondents: Grantee agency directors and staff; partner agency directors and staff. Partner agencies may vary by site, but are expected to include child welfare, mental health, and youth housing/homelessness agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Baseline Telephone Interview of Organizational Readiness	540	270	1	1.0	270
Exit Telephone Interview of Organizational Readiness	540	270	1	1.0	270
Grantee Site Visit—Semi-Structured Interview Topic Guide	540	270	1	1.5	405
Grantee Site Visit—Focus Group Guide	540	270	1	1.5	405

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Web survey of program staff	180	90	8	.5	360

Estimated Total Annual Burden Hours: 1,710.

In compliance with the requirements of Section 3506(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: 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 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.

Steven M. Hanmer,

Reports Clearance Officer.

[FR Doc. 2013–22961 Filed 9–20–13; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: State Abstinence Education Program.

OMB No.: 0970–0381.

Description: The State Abstinence Program was extended through Fiscal Year 2014 under Patient Protection and Affordable Care Act of 2010 (Affordable Care Act, hereafter), Public Law 111–148.

The Family and Youth Services Bureau (FYSB) is accepting applications from States and Territories for the development and implementation of the State Abstinence Program. The purpose of this program is to support decisions to abstain from sexual activity by providing abstinence programming as defined by Section 510(b) of the Social Security Act (42 U.S.C. 710(b)) with a focus on those groups that are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care.

States are encouraged to develop flexible, medically accurate and effective abstinence-based plans responsive to their specific needs. These plans must provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock. An expected outcome for all programs is to promote abstinence from sexual activity. Pursuant to the program announcement, all grantees must report on performance on a semiannual basis.

OMB approval is requested to solicit comments from the public on paperwork reduction as it relates to ACYF's receipt of the application, state plan, and/or semiannual reporting documents from applicants and awardees labeled:

Application
State Plan
Performance Progress Report (PPR)

Respondents: Application and Plan: 22 States and Territories who have not previously applied for the State Abstinence Program and PPR:50 States and 9 Territories, to include, District of Columbia, Puerto Rico, Virgin Islands, Guam, American Samoa, Northern Mariana Islands, the Federated States of Micronesia, the Marshall Islands and Palau.

12—ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS

Instrument	Average burden hours per response	Number of respondents	Number of responses per respondent	Total burden hours
Application	24	22	1	528
State Plan	40	22	1	880
Performance Progress Reports	30	59	2	3,540
				4,948

Total estimated annual burden hours: 4,948.

The estimated monetary value of time is $50 × 4,948 hours = $247,400.

Additional Information

Copies of the proposed collection may be obtained 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. All requests should be identified by the title of the information collection. Email address: *infocollection@acf.hhs.gov.*