

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–14CP]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Monitoring and Reporting System for the State Public Health Actions Cooperative Agreement—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2013, CDC initiated a new cooperative agreement program: “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health,” under Funding Opportunity Announcement (FOA) DP13–1305. The new program, commonly referred to as the State Public Health Actions program, provides funding for integrated approaches to preventing and managing chronic conditions that share common risk factors. Cooperative agreement awards were made to all 50 states and the District of Columbia. Thirty-two (32) awardees were funded at the Enhanced level to implement evidence-based environmental approaches that address the underlying causes of chronic diseases, and interventions that strengthen systems and resources for early detection and better management of chronic diseases. Nineteen (19) awardees were initially funded at the Basic level for health promotion, epidemiology, and surveillance activities. In 2014, all awardees received supplemental funding to increase program activities. Basic-level awardees received supplemental funding to incorporate a number of additional interventions also being implemented by awardees funded at the Enhanced level. Enhanced-level awardees received additional funds to increase the number and intensity of activities occurring within already selected interventions.

CDC requests OMB approval to collect performance monitoring information from all awardees participating in the State Public Health Actions program. Annually, each awardee will submit a Work Plan, Budget, and Evaluation Plan. The Work Plan and Budget information will be submitted to CDC by completing a spreadsheet template, and uploading the information to a secure, password-protected FTP site. Evaluation Plans will also be submitted to CDC via

the secure FTP site, but will be based on commonly available word processing software. CDC initially considered collecting information through a customized, Web-based management information system (MIS), but has decided to implement a revised information collection plan utilizing commonly available commercial software. By developing user-friendly templates (tools) for this software, CDC anticipates that the reporting and tracking burden for awardees will be reduced due to: (1) Awardees’ familiarity with the software, which reduces training burden; and (2) the compatibility of the templates with other record keeping processes that are already in place for many awardees. CDC staff and contractors will be responsible for converting each awardee’s submissions into a secure MIS for reporting and analysis.

CDC anticipates that respondent burden will be greatest for the initial Work Plan, Budget, and Evaluation Plan submissions. A separate allocation for the burden associated with initial population of the reporting tools is provided, and is annualized over the three-year clearance period. Burden per response for routine annual reporting is lower since annual Work Plan, Budget, and Evaluation progress reports will be limited to entering changes, updates, and new activities. Overall, CDC anticipates that burden will be lower for awardees funded at the Basic level (including the 2014 supplement) than for awardees funded at the Enhanced level.

The information to be collected will help CDC and awardees assure compliance with cooperative agreement requirements, support program evaluation efforts, and obtain information needed to respond to inquiries about program activities and effectiveness from Congress and other sources. Budget information will be collected and tracked to assure proper disbursement of, and accounting for, funds awarded.

OMB approval is requested for three years. Participation is required as a condition of cooperative agreement funding. There are no costs to respondents other than their time. The total estimated burden hours are 665.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
FOA 1305 Program Awardees Basic Level Supplement	Initial Work Plan	6	1	6

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
FOA 1305 Program Awardees Enhanced Level	Initial Budget	6	1	4
	Initial Evaluation Plan	6	1	4
	Annual Work Plan Progress Report	19	1	1
	Annual Budget Progress Report	19	1	1
	Annual Evaluation Report	19	1	2
	Initial Work Plan	11	1	12
	Initial Budget	11	1	9
	Initial Evaluation Plan	11	1	6
	Annual Work Plan Progress Report	32	1	2
	Annual Budget Progress Report	32	1	1.5
	Annual Evaluation Report	32	1	3

Leroy A. Richardson,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Proposed Healthy Marriage and Responsible Fatherhood performance measures and additional data collection (part of the Fatherhood and Marriage Local Evaluation and Cross-site (FaMLE Cross-site) Project).

OMB No.: New Collection.

Background

For decades various organizations and agencies have been developing and operating programs to strengthen families through healthy marriage and relationship education and responsible fatherhood programming. The Administration for Children and Families (ACF), Office of Family Assistance (OFA), has had administrative responsibility for federal funding of such programs since 2006 through the Healthy Marriage (HM) and Responsible Fatherhood (RF) Grant Programs. The authorizing legislation for the programs may be found in Section 403(a)(2) of the Social Security Act [1]. Responsible Fatherhood grantees provide a comprehensive set of services designed to promote responsible fatherhood including activities related to promoting economic stability, fostering responsible parenting, and promoting healthy

marriage. Grantees receiving funding for Healthy Marriage offer a broad array of services designed to promote healthy marriage.

The federal government currently collects a set of performance measures from HM and RF grantees. The purpose of this previously approved information collection is to allow OFA and ACF to carry out their responsibilities for program accountability. Descriptions of the information collection may be found at http://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201206-0970-005; all measures may be found at http://www.reginfo.gov/public/do/PRAICList?ref_nbr=201206-0970-005.

The Fatherhood and Marriage Local Evaluation (FaMLE) Cross-Site Project

The Offices of Family Assistance (OFA) and Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) are proposing new data collection activities to replace existing performance measures as part of the Fatherhood and Marriage Local Evaluation and Cross-site (FaMLE Cross-site) Project. The purpose of the FaMLE Cross-site Project is to support high quality data collection, strengthen local evaluations, and conduct cross-site analysis for the Responsible Fatherhood and Healthy Marriage grantees.

The FaMLE Cross-site project will answer three main research questions: (1) What strategies did grantees use to design well-conceived programs? (2) What strategies did grantees use to successfully implement well-conceived programs? (3) What were the reported outcomes for participants in the programs? In order to answer these questions, we are considering a new set of data collection activities.

Current Request

ACF is engaged in a learning agenda to increase our understanding of Healthy Marriage and Responsible Fatherhood programs. This means that we incorporate multiple opportunities and options for learning throughout a program's implementation that provide a range of insights and perspectives. These opportunities help programming constantly develop and advance. For example, data provide the opportunity to feed information back to decision-makers and leaders—both those on the ground and those in management—to inform program design, operation, and oversight.

ACF is requesting comment on the following:

Performance measures. ACF is proposing a new set of performance measures to be collected by all grantees, beginning with the next round of HMRF grants. These measures will collect standardized information in the following areas:

- Applicant characteristics;
- Program operations (including program characteristics and service delivery); and
- Participant outcomes (will be measured both at initiation of program services (pre-test) and completion (post-test)).

These draft measures were developed per extensive review of the research literature and grantees' past measures.

The next set of grantees will be required to submit data on a set of standardized measures covering these areas on a regular basis (e.g., quarterly). In addition to the performance measures mention above, ACF seeks comment on draft instruments for these data submissions:

- Quarterly Performance Report (QPR), and
- Semi-annual Performance Progress Report (PPR).