

Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111–3) has played in influencing State CHIP programs, preparations for implementing the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), and State views on the future of CHIP. Going beyond facts and basic descriptive information, it will gather insights about the rationale behind State decisions and about issues requiring future attention. The information gathered will supplement two other data collection efforts which received clearance on

December 12, 2011 (a survey of CHIP and Medicaid enrollees and disenrollees and case studies in 10 states, reference number 201110–0990–006, OMB control number 0990–0384). Data will only be collected once from the CHIP program administrators. We are seeking a 1 year approval period.

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.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Telephone Interview Discussion Guide	State CHIP Program Administrators.	77	1	77
Total	77	1	1	77

^a This includes one respondent per State in the 25 States with only a separate CHIP program or a Medicaid expansion CHIP program, and two respondents per State in the 26 States with combination programs.

Keith A. Tucker,

*Information Collection Clearance Officer,
Department of Health and Human Services.*

[FR Doc. 2012–19843 Filed 8–13–12; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Statistics; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) announces the following meeting of the aforementioned committee:

Times and Dates:

11:00 a.m.–5:30 p.m., September 13, 2012.

8:30 a.m.–1:00 p.m., September 14, 2012.

Place: NCHS Headquarters, 3311 Toledo Road, Hyattsville, Maryland 20782.

Status: This meeting is open to the public; however, visitors must be processed in accordance with established federal policies and procedures. For foreign nationals or non-US citizens, pre-approval is required (please contact Althelia Harris, 301–458–4261, adw1@cdc.gov or Virginia Cain, vcain@cdc.gov at least 10 days in advance for requirements). All visitors are required to present a valid form of picture identification issued by a state, federal or international government. As required by the Federal Property Management Regulations, Title 41, Code of Federal Regulation, Subpart 101–

20.301, all persons entering in or on Federal controlled property and their packages, briefcases, and other containers in their immediate possession are subject to being x-rayed and inspected. Federal law prohibits the knowing possession or the causing to be present of firearms, explosives and other dangerous weapons and illegal substances. The meeting room accommodates approximately 100 people.

Purpose: This committee is charged with providing advice and making recommendations to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NCHS, regarding the scientific and technical program goals and objectives, strategies, and priorities of NCHS.

Matters To Be Discussed: The agenda will include welcome remarks by the Director, NCHS; update on the National survey of Family Growth; the initiation of the review of the Office of Research and Methodology; a discussion of the NHANES genetics program and an open session for comments from the public.

Requests to make oral presentations should be submitted in writing to the contact person listed below. All requests must contain the name, address, telephone number, and organizational affiliation of the presenter.

Written comments should not exceed five single-spaced typed pages in length and must be received by August 31, 2012.

The agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION:

Virginia S. Cain, Ph.D., Director of Extramural Research, NCHS/CDC, 3311 Toledo Road, Room 7208, Hyattsville, Maryland 20782, telephone (301) 458–4500, fax (301) 458–4020.

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 Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: August 6, 2012.

Elaine L. Baker,

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

[FR Doc. 2012–19886 Filed 8–13–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Reallotment of Federal Fiscal Year (FFY) 2011 Funds for the Low Income Home Energy Assistance Program (LIHEAP)

AGENCY: Administration for Children and Families, Office of Community Services, Division of Energy Assistance, HHS.

ACTION: Notice of LIHEAP Funds Reallotment.

CFDA NUMBER: 93.568.

Statutory Authority: 45 CFR 96.81 and 42 U.S.C. 8621 *et seq.*

SUMMARY: This notice provides information on a preliminary determination that funds from the Federal Fiscal Year (FFY) 2011 Low

Income Home Energy Assistance Program (LIHEAP) are available for reallocation to States, Territories, Tribes, and Tribal Organizations that receive FFY 2012 direct LIHEAP grants. No subgrantees or other entities may apply for these funds. Section 2607(b)(1) of the Low Income Home Energy Assistance Act (the Act), Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. 8621 *et seq.*), as amended, requires that if the Secretary of the Department of Health and Human Services (HHS) determines that, as of September 1 of any fiscal year, an amount in excess of certain levels allotted to a grantee for any fiscal year will not be used by the grantee during the fiscal year, the Secretary must notify the grantee and publish a notice in the **Federal Register** that such funds may be reallocated to LIHEAP grantees during the following fiscal year. If reallocated, the LIHEAP block grant allocation formula will be used to distribute the funds. (No funds may be allotted to entities that are not direct LIHEAP grantees during FFY 2012.) It has been determined that \$3,089,920 may be available for reallocation during FFY 2012. This determination is based on revised Carryover and Reallocation Reports from the State of Delaware, State of Oklahoma, Colorado River Indian Tribes in Arizona, Delaware Tribe of Indians in Oklahoma, Redding Rancheria in California, and Tulalip Tribe in Washington, which were submitted to the Office of Community Services as required by 45 CFR 96.82.

The statute allows grantees who have funds unobligated at the end of the fiscal year for which they are awarded to request that they be allowed to carry over up to 10 percent of their allotments to the next fiscal year. Funds in excess of this amount must be returned to HHS and are subject to reallocation under section 2607(b)(1) of the Act. The amount described in this notice was reported as unobligated FFY 2011 funds in excess of the amount that the State of Delaware, State of Oklahoma, Delaware Tribe of Indians, Colorado River Indian Tribes, Redding Rancheria and Tulalip Tribe could carry over to FFY 2012.

Each of the grantees mentioned above were notified and confirmed to OCS that the FFY 2011 amounts listed in the chart below may be reallocated. In accordance with section 2607(b)(3), the Chief Executive Officers of the grantees referenced in the chart below have 30 days from the date of this publication to submit comments to: Jeannie L. Chaffin, Director, Office of Community Services, 370 L'Enfant Promenade SW., Washington, DC 20447.

The comment period expires September 13, 2012.

After considering any comments submitted, the Chief Executive Officers will be notified of the final reallocation amount, and this decision also will be published in the **Federal Register**. If funds are reallocated, they will be allocated in accordance with section 2604 of the Act and must be treated by LIHEAP grantees receiving them as an amount appropriated for FFY 2013. As FFY 2013 funds, they will be subject to all requirements of the Act, including section 2607(b)(2), which requires that a grantee obligate at least 90 percent of its total block grant allocation for a fiscal year by the end of the fiscal year for which the funds are appropriated, or by September 30, 2013.

ESTIMATED REALLOTMENT AMOUNTS OF FFY 2011 LIHEAP FUNDS

Grantee name	FFY 2011 reallocation amount
State of Delaware	\$1,176,027
State of Oklahoma	1,738,022
Colorado River Indian Tribes	23,919
Delaware Tribe of Indians	24,958
Redding Rancheria	26,967
Tulalip Tribe	100,027
Total	3,089,920

FOR FURTHER INFORMATION CONTACT: Nick St. Angelo, Director, Division of Energy Assistance, Office of Community Services, 370 L'Enfant Promenade SW., Washington, DC 20447, Telephone (202) 401-9351, Email: nick.stangelo@acf.hhs.gov.

Dated: July 20, 2012.

Jeannie L. Chaffin,

Director, Office of Community Services.

[FR Doc. 2012-19827 Filed 8-13-12; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 77 FR 47397-47399 dated August 8, 2012).

This notice reflects organizational changes in the Health Resources and Services Administration. This notice updates the functional statement for the Bureau of Clinician Recruitment and Service (RU). Specifically, this notice: (1) Transfers the function of the National Health Service Corps Site Branch (RU51) to the Division of Regional Operations (RU10); and (2) updates the functional statement for the Division of National Health Service Corps (RU5) and the Division of Regional Operations (RU10).

Chapter RU—Bureau of Clinician Recruitment and Service

Section RU-10, Organization

The Office of the Associate Administrator (RU) is headed by the Associate Administrator, Bureau of Clinician Recruitment and Service (BCRS), who reports directly to the Administrator, Health Resources and Services Administration. BCRS includes the following components:

- (1) Office of the Associate Administrator (RU);
- (2) Office of Legal and Compliance (RU1);
- (3) Division of National Health Service Corps (RU5);
- (4) Division of Nursing and Public Health (RU6);
- (5) Division of External Affairs (RU7);
- (6) Office of Policy and Program Development (RU8);
- (7) Division of Program Operations (RU9);
- (8) Division of Regional Operations (RU10); and
- (9) Office of Business Operations (RU11).

Section RU-20, Functions

- (1) Delete the functional statement for the Division of National Health Service Corps (RU5) and replace in its entirety; and (2) delete the functional statement for the Division of Regional Operations (RU10) and replace in its entirety.

Division of National Health Service Corps (RU5)

Serves as the point of contact for responding to inquiries, disseminating program information, providing technical assistance, and processing applications and awards pertaining to the National Health Service Corps (NHSC) scholarship and loan repayment programs and site approvals. Specifically: (1) Reviews, ranks and selects participants for the scholarship and loan repayment programs; (2) verifies and processes loan and lender related payments in prescribed manner and maintains current information on