communities with similar outcomes in comparison communities that are well matched to the demonstration project sites. Respondents: Community members and program participants in CHMI treatment and comparison communities.

#### **Annual Burden Estimates**

Instrument	Number of respondents	Average number of responses per respondent	Average burden hours per response	Total burden hours
Wave 2 Survey	4,120	1	.75	3,090

Estimated Total Annual Burden Hours: 3,090.

Additional Information:

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: OPRE Reports Clearance Officer. E-mail address: OPREinfocollection@acf.hhs.gov. All requests should be identified by the title

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

of the information collection.

other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 30, 2008.

### Brendan C. Kelly,

OPRE Reports Clearance Officer. [FR Doc. E8–24615 Filed 10–16–08; 8:45 am] BILLING CODE 4184–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Administration for Children and Families

### Submission for OMB Review; Comment Request

Proposed Project: Title: Compassion Capital Fund Impact Evaluation.

*OMB No.*: 0970–0293. *Description:* This proposed information collection activity is an extension of the follow-up survey of faith-based and community organizations participating in the Compassion Capital Fund (CCF) Impact Evaluation. The currently approved information collection will expire on December 31, 2008. This information collection request will include the agency's request for an extension of the initial survey instruments for an additional three years.

The CCF evaluation is an important opportunity to examine the effectiveness of the Compassion Capital Fund Demonstration program in meeting its objective of improving the capacity of faith-based and community organizations. The evaluation includes selected CCF-funded intermediary organizations that provide capacitybuilding services and the faith-based and community organizations that sought those services. The follow-up survey will be used to collect information from the faith-based and community-based organizations on various areas of organizational capacity.

The study design includes the random assignment of faith-based and community organizations to either a treatment group that receives capacity-building services from a CCF intermediary grantee or to a control group that does not. The impact of the services provided by intermediaries, primarily through sub-awards and/or technical assistance (TA), will be determined by comparing the changes reported through the survey in organizational and service capacity of the recipient organizations with those of the control group.

Respondents: Faith-based and community organizations included in the CCF impact evaluation.

#### **Annual Burden Estimates**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Follow-up Survey	455	1	.42	191

Estimated Total Annual Burden Hours: 191.

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: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address:

OPREinfocollection@acf.hhs.gov.

OMB Comment:

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed

information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–6974, Attn: Desk Officer for the Administration for Children and Families. Dated: October 9, 2008.

Brendan C. Kelly,

OPRE Reports Clearance Officer.

[FR Doc. E8–24616 Filed 10–16–08; 8:45 am]

BILLING CODE 4184-01-M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration [Docket No. FDA-2008-N-0184]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Temporary Marketing Permit Applications

**AGENCY:** Food and Drug Administration, HHS.

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**ACTION:** Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Temporary Marketing Permit Applications" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

# **FOR FURTHER INFORMATION CONTACT:** Jonna Capezzuto, Office of Information

Management (HFA-710), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-796-3794. SUPPLEMENTARY INFORMATION: In the Federal Register of June 23, 2008 (73 FR 35402), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0133. The approval expires on August 31, 2011, A copy of the supporting statement for this information collection is available on the Internet at http://www.reginfo.gov/

public/do/PRAMain.

Dated: October 9, 2008.

#### Jeffrey Shuren,

Associate Commissioner for Policy and Planning.

[FR Doc. E8–24671 Filed 10–16–08; 8:45 am] BILLING CODE 4160–01–S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **Indian Health Service**

Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Loan Repayment Program

**Note:** The purpose of this second announcement is to provide another opportunity for public comment. The previous **Federal Register** notice was published on August 19, 2008, FR Doc. E8–19053.

**AGENCY:** Indian Health Service, HHS. **ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection project was previously published in the Federal Register (73 FR 29520) on May 21, 2008 and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

Proposed Collection: Title: 0917–0014, "Indian Health Service Loan Repayment Program." Type of Information Collection Request: Extension, without revision, of currently approved information collection, 0917–0014, "Indian Health Service Loan Repayment Program." Form Number(s):

The IHS Loan Repayment Program Information Booklet contains the instructions and the application formats. Need and Use of Information Collection: The IHS Loan Repayment Program (LRP) identifies health professionals with pre-existing financial obligations for education expenses that meet program criteria and who are qualified and willing to serve at, often remote, IHS health care facilities. Under the program, eligible health professionals sign a contract under which the IHS agrees to repay part or all of their indebtedness for professional training education. In exchange, the health professionals agree to serve for a specified period of time in IHS health care facilities. This program is necessary to augment the critically low health professional staff at IHS health care facilities.

Any health professional wishing to have their health education loans repaid may apply to the IHS Loan Repayment Program. A two-year contract obligation is signed by both parties, and the individual agrees to work at an IHS location and provide health services to Native American and Alaska Native individuals.

The information collected from individuals is analyzed and a score is given to each applicant. This score will determine which applicants will be awarded each fiscal year. The administrative scoring system assigns a score to the geographic location according to vacancy rates for that fiscal year and also considers whether the location is in an isolated area. When an applicant takes employment at a location, they in turn "pick-up" the score of that location. Affected Public: Individuals and households. Type of Respondents: Individuals.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

#### **ESTIMATED BURDEN HOURS**

Data collection instrument	Estimated number of respondents	Responses per respondent	Average bur- den hour per response	Total annual burden
Section I	510	1	18/60	153.0
Section II	510	1	30/60	255.0
Section III	510	4	15/60	128.0
Contract	510	1	20/60	170.0
Affidavit	510	1	10/60	85.0
Lender's Certification	2,000		15/60	500.0
Total	4,550			1,291.0