

report sales, and purchases of HEAL loans).

The estimates of burden for the forms are as follows:

HRSA form	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Lender's Application for Contract of Federal Loan Insurance .....	13	1	13	0.13	2
Borrower's Deferment Request:					
Borrowers .....	58	1	58	0.17	10
Employers .....	43	1.34	58	0.08	5
Borrower Loan Status Update .....	8	13	104	0.17	18
Loan Purchase/Consolidation .....	1	1	1	0.07	.06
<b>Total .....</b>	<b>123</b>	<b>.....</b>	<b>234</b>	<b>.....</b>	<b>35</b>

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to (202) 395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: July 15, 2009.

**Alexandra Huttinger,**  
Director, Division of Policy Review and Coordination.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail

[paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited 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) ways to enhance 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.

#### Proposed Project: Evaluation of the State Early Childhood Comprehensive Systems (ECCS) Grant Program: New

HRSA's Maternal and Child Health Bureau (MCHB) is conducting an assessment of MCHB's State Early Childhood Comprehensive Systems (ECCS) Grant Program. The purpose of the ECCS Grant Program is to assist States and Territories in their efforts to build and implement Statewide ECCS that support families and communities in their development of children that are healthy and ready to learn at school entry. These systems must be multi-agency and be comprised of the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social, and emotional development of all young children. Grantees are also charged with addressing seven key elements of early childhood comprehensive systems: (1) Governance, (2) financing, (3) communications, (4) family leadership development, (5) provider/practitioner support, (6) standards, and (7) monitoring/accountability. ECCS funding is offered to 52 States and Jurisdictions.

An evaluation will be conducted to: (1) Identify and analyze the strategies that grantees and partners are using to build comprehensive early childhood systems, (2) measure the level of progress grantees have made in meeting both the overarching Federal goals and objectives for ECCS grantees and those of their statewide plans, and (3) assess

the effectiveness of grantees' early childhood systems development activities. The information from the evaluation will supplement and enhance MCHB's current data collection efforts by providing a quantifiable, standardized, systematic mechanism for collecting information across the funded implementation grantees. The results will also provide MCHB with timely feedback on the achievements of the ECCS Program and identify potential areas for improvement which will inform program planning and operational decisions.

Data collection tools for which OMB approval is being requested include Web-based surveys, telephone interviews, and a Web-based indicator reporting system. Web-based surveys are intended to collect information from all grantees regarding the structure and functioning of the State Team, the nature of activities, and perceptions of progress made in achieving outcomes. One survey will be directed at ECCS Coordinators while a second similar, but shorter survey will be directed at selected State Team members (5 State Team members from each State). The telephone interviews will be conducted with ECCS Coordinators to collect more detailed information on how early childhood services have been integrated, challenges and successes of implementation, and how the activities are designed to improve the lives of children and families. ECCS Coordinators will also be asked to enter information on three early child and family outcome indicators and provide a theory of change, or rationale, on how a specific ECCS activity or set of related activities will produce a measurable change in each outcome indicator.

**Respondents:** ECCS Coordinators and State Team members from the 52 grantees will be the primary respondents for the instruments. The estimated response burden is as follows:

## ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Web-based Survey .....	ECCS Coordinators .....	52	1	0.75	39
Web-based Survey .....	State Team Members .....	260	1	0.3	78
Telephone Interview .....	ECCS Coordinators .....	52	1	1.5	78
Indicator Reporting System .....	ECCS Coordinators .....	52	1	1.5	78
Total .....		416	.....	.....	273

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 16, 2009.

**Alexandra Huttinger,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. E9-17429 Filed 7-22-09; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; SMP (Formerly Senior Medicare Patrol) Program Outcome Measurement

**AGENCY:** Administration on Aging, HHS.  
**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by August 24, 2009.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for AoA, Office of Information and Regulatory Affairs, OMB.

**FOR FURTHER INFORMATION CONTACT:**

Doris Summey, telephone (202) 357-3533; e-mail: [doris.summey@aoa.hhs.gov](mailto:doris.summey@aoa.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

Grantees are required by Congress to provide information for use in program

monitoring and for Government Performance and Results Act (GPRA) purposes. This information collection reports the number of active volunteers, issues and inquiries received, other SMP program outreach activities, and the number of Medicare dollars recovered, among other SMP performance outcomes. This information is used as the primary method for monitoring the SMP Projects.

AoA estimates the burden of this collection of information as follows: Respondents: 54 SMP grantees at 23 hours per month (276 hours per year, per grantee). Total Estimated Burden Hours: 14,904 hours per year.

Dated: July 17, 2009.

**Kathy Greenlee,**

*Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-09-08AA]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Evaluation of health communication messages for Infertility Prevention Campaign—New—National Center for

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The purpose of the proposed study is to develop, test, implement, and evaluate the effectiveness and satisfaction with Chlamydia health messages, products, and methods of dissemination.

Chlamydia (CT) is among the leading causes of pelvic inflammatory disease (PID), which can lead to infertility, ectopic pregnancy, and chronic pelvic pain. Most cases of CT are asymptomatic so infected girls and women are unaware of their infections. CDC estimates that in 2006, young women aged 15 to 19 years had the highest CT rate (2,862 cases per 100,000 females), followed by women aged 20 to 24 (2,797 cases per 100,000 females). These rates are likely to be underestimates, because many infected persons do not seek medical care and testing. Data at CDC suggests that CT develops into PID in up to 40% of untreated women and that 12% of women are infertile after their first experience with PID.

CDC plans to obtain public preferences that will guide the development of health communication messages/materials about CT with females in the following age groups: 15-17 years who attend school; 15-17 years who do not attend school; 18-25 years who are employed; And 18-25 years who attend school full-time. Focus groups will be conducted at local pre-determined focus group facilities, and surveys will be conducted online and in malls. Women ages 18-25 years, both employed and working full-time, will be recruited by phone through professional recruitment vendors for focus groups; and in malls and on social networking sites for surveys. Girls ages 15-17 years, who do and do not attend school full-time, will be recruited by phone through professional recruitment vendors for focus groups, after obtaining parental consent; and, in malls and through