

the manufacturer, and for covered persons to take such other actions as are appropriate to limit the administration or use of the Covered Countermeasure, and the liability protection of section 319F–3(a) of the Act shall extend for that period.

B. The Federal Government shall purchase the entire production of Covered Countermeasures under the contracts specifically listed by contract number in section I for the stockpile under section 319F–2 of the Act, and shall be subject to the time-period extension of section 319F–3(b)(3)(C). Production under future contracts for the same vaccine will also be subject to the time-period extension of section 319F–3(b)(3)(C).

VIII. Compensation Fund

In addition to conferring immunity to manufacturers, distributors, and administrators of the Covered Countermeasures, the Act provides benefits to certain individuals who sustain a covered injury as the direct result of the administration of the Covered Countermeasure. The Countermeasure Injury Compensation Program (CICP) within the Health Resources and Services Administration (HRSA) administers the Act's compensation program. Information about the CICP is available at 1–888–275–4772 or <http://www.hrsa.gov/countermeasurescomp/default.htm>.

IX. Amendments

The Declaration for the Use of the Public Readiness and Emergency Preparedness Act for H5N1 was published on January 26, 2007; amended on November 30, 2007 to add H7 and H9 vaccines; amended on October 17, 2008 to add H2 and H6 vaccines; amended on June 15, 2009 to add 2009 H1N1 vaccines and republished in its entirety. This Declaration incorporates all amendments prior to the date of its publication in the **Federal Register**. Any future amendment to this Declaration will be published in the **Federal Register**, pursuant to section 319F–2(b)(4) of the Act.

X. Definitions

For the purpose of this Declaration, including any claim for loss brought in accordance with section 319F–3 of the PHS Act against any covered persons defined in the Act or this Declaration, the following definitions will be used:

Administration of a Covered Countermeasure: As used in section 319F–3(a)(2)(B) of the Act includes, but is not limited to, public and private delivery, distribution, and dispensing

activities relating to physical administration of the countermeasures to recipients, management and operation of delivery systems, and management and operation of distribution and dispensing locations.

Authority Having Jurisdiction: Means the public agency or its delegate that has legal responsibility and authority for responding to an incident, based on political or geographical (e.g., city, county, Tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health) range or sphere of authority.

Covered Persons: As defined at section 319F–3(i)(2) of the Act, include the United States, manufacturers, distributors, program planners, and qualified persons. The terms “manufacturer,” “distributor,” “program planner,” and “qualified person” are further defined at sections 319F–3(i)(3), (4), (6), and (8) of the Act.

Declaration of Emergency: A declaration by any authorized local, regional, State, or Federal official of an emergency specific to events that indicate an immediate need to administer and use pandemic countermeasures, with the exception of a Federal declaration in support of an emergency use authorization under section 564 of the FDCA unless such declaration specifies otherwise.

Pandemic Phase: The following stages, as defined in the National Strategy for Pandemic Influenza: Implementation Plan (Homeland Security Council, May 2006): (4) First Human Case in North America; and (5) Spread Throughout United States.

Pre-pandemic Phase: The following stages, as defined in the National Strategy for Pandemic Influenza: Implementation Plan (Homeland Security Council, May 2006): (0) New Domestic Animal Outbreak in At-Risk Country; (1) Suspected Human Outbreak Overseas; (2) Confirmed Human Outbreak Overseas; and (3) Widespread Human Outbreaks in Multiple Locations Overseas.

Dated: September 28, 2009.

Kathleen Sebelius,
Secretary.

Appendix

I. List of U.S. Government Contracts—Covered H5N1, H2, H6, H9, and 2009–H1N1 Vaccine Contracts

1. HHSN266200400031C
2. HHSN266200400032C
3. HHSN266200300039C
4. HHSN266200400045C
5. HHSN266200205459C
6. HHSN266200205460C
7. HHSN266200205461C
8. HHSN266200205462C

9. HHSN266200205463C
10. HHSN266200205464C
11. HHSN266200205465C
12. HHSN266199905357C
13. HHSN266200300068C
14. HHSN266200005413C
15. HHSO100200600021C (formerly 200200409981)
16. HHSO100200500004C
17. HHSO100200500005I
18. HHSO100200700026I
19. HHSO100200700027I
20. HHSO100200700028I
21. HHSO100200600010C
22. HHSO100200600011C
23. HHSO100200600012C
24. HHSO100200600013C
25. HHSO100200600014C
26. HHSO100200600022C (formerly 200200511758)
27. HHSO100200600023C (formerly 200200410431)
28. CRADA No. AI–0155 NIAID/MedImmune
29. HHSO100200700029C
30. HHSO100200700030C
31. HHSO100200700031C
32. All present, completed and future Government H5N1, H2, H6, H9, and 2009–H1N1 vaccine contracts not otherwise listed.

[FR Doc. E9–23844 Filed 10–2–09; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–09–09CV]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

All-Hazards Public Health Emergency Preparedness and Response Generic Data Collection—New—Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Data from agencies and individuals are needed to assist CDC in responding to and planning for domestic and international all-hazards public health emergencies. According to the glossary from the National Response Framework Resource Center, “all-hazards” is defined as “describing an incident, natural or manmade, that warrants action to protect life, property, environment, and public health or safety, and to minimize disruptions of government, social, or economic activities.” This generic IC requests the

authority to collect a wide array of data from traditional and non-traditional public health sources to assist in this effort. This generic IC will enable CDC to collect data during public health emergencies (as the response is taking place) and after public health emergencies (as the recovery is taking place) to aid response and recovery efforts and to answer pre-determined research questions. These data may be used to inform our preparedness for subsequent emergencies that may potentially occur and also inform decisions made by CDC Director.

All-hazards public health emergencies are those events that are formally declared emergencies by Federal, State or local jurisdictions. Declarations can be made by the Secretary of the Department of Health and Human Services (DHHS) under Section 319 of the Public Health Service Act and at the state or local levels by the Governor, state public health officer, city or county council or mayor and the local public health officer respectively. During and after these emergencies, assistance may be needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe. Also, CDC may

have to assist the State and local, tribal, and territorial levels of government with critical data collection to support immediate data needs for situational awareness. Situational Awareness has been defined as “the perception of elements in the environment within a volume of time and space, the comprehension of their meaning, and the projection of their status in the near future.”

A three-year OMB approval is requested to allow CDC to collect data during and after emergencies. Data collected under this generic IC will use a variety of data collection methods. *Some of the methods include but are not limited to:* Personal interviews, telephone interviews, focus groups, institutional record reviews, medical record reviews, and paper or Internet questionnaires and other secure electronic data exchange. Each proposed data collection submitted under this generic IC will provide information pertaining to that particular public health emergency. Respondents will be advised of the nature of the activity, the length of time required for participation and that their participation is voluntary.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|----------------------|-----------------------|------------------------------------|--|-------------------------|
| General Public | 50,000 | 1 | 1 | 50,000 |
| Total | 50,000 | | | |

Dated: September 26, 2009.
Maryam I. Daneshvar,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
[FR Doc. E9–23883 Filed 10–2–09; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Administration on Children, Youth and Families

AGENCY: Family and Youth Services Bureau, ACYF, ACF, HHS.

ACTION: Notice to Award Five Expansion Supplement Grants.

CFDA Number: 93.592.
Legislative Authority: The Family Violence Prevention and Services Act, 42 U.S.C. 10401 through 10421, as extended by the Department of Health and Human Services Appropriations Act, 2009, Public Law 111–8.
Total Amount of Awards: \$400,000.
Project Period: September 30, 2009—September 29, 2010.

SUMMARY: This notice announces the award of expansion supplement grants to five grantees under the Family and Youth Services Bureau (FYSB)/Family Violence Prevention and Services Program. Expansion supplement awards are made to four technical assistance (TA) providers to support their capacity

to enhance victim services by providing more extensive TA to local domestic violence programs and State domestic violence coalitions under the Open Doors to Safety: Capacity-Building Grant (Capacity-Building) project. The supplemental funds, coupled with the TA providers’ expertise, will enable Open Doors Safety Capacity-Building project grantees to receive more training and site-specific consultation, so that they may build program capacity. The awards will also support State-level collaboration between domestic violence organizations and child welfare agencies. These combined efforts will strengthen the ability of domestic violence programs and their partners to better serve survivors who have diverse backgrounds, experiences, and abilities.