

meetings that do not involve field trainers.

Technical Assistance

Feedback forms will be used to evaluate customer satisfaction immediately following technical assistance services. Follow-up will occur both at 6 and 12 months after the TA.

All Events

Feedback will also be solicited from the event requestor (the administrative contact in the requesting organization) to assess the administration of all

events: trainings, TA, and informational meetings. Rigorous efforts will be made to maintain participant confidentiality across all presentation settings. Participation in data collection is voluntary and no identifying information (name, social security number, etc.) will be collected from any participant. Unique identification codes will be used to match pre-assessment, post-assessment, and follow up evaluation forms in order to track client data over time.

The primary use for information gathered is to identify strengths and

weaknesses in current service provisions and to make improvements that are practical and feasible. Several of the customer satisfaction surveys expected to be implemented under this approval will provide data for measurement of program effectiveness under the Government Performance and Results Act (GPRA). Information from these customer surveys will be used to plan and redirect resources and efforts to improve or maintain a high quality of service to service providers, individuals with an FASD and their families, and members of the public.

ESTIMATED ANNUALIZED BURDEN HOURS

Instrument/activity	Number of respondents	Number of responses per respondent	Average hours of burden per response	Total burden hours per collection
Trainings:				
FASD Event Pre-Test Form	1,200	1	.083	100
FASD Event Post-Test Form	1,200	1	.067	80
FASD Event Feedback Form	1,200	1	.17	204
FASD Training Feedback Survey (3- and 6-month follow-up)	600	2	.067	80
Meetings (Field Trainers):				
Pre-Meeting Form (Field Trainers)	25	1	.12	3
Post-Meeting Form (Field Trainers)	25	1	.17	4
FASD Meeting Follow-Up Feedback Survey (6- and 12-month follow-up)	12	2	.067	2
Meetings (Other meetings):				
Meeting Feedback Form	75	1	.083	6
Technical Assistance:				
Technical Assistance Feedback Form	375	1	.083	31
Technical Assistance Follow-Up Feedback Survey (6- and 12-month follow-up)	188	2	.067	25
All Events (Trainings, Meetings, TA):				
Event Requestor Form	100	1	.067	7
Total	5,000			542

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 71-1044, One Choke Cherry Road, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 23, 2008.

Elaine Parry,

Acting Director, Office of Program Services.

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BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of

information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Cross-Site Evaluation of the Minority Substance Abuse/HIV/Hepatitis Prevention Program—NEW

The cross-site evaluation builds on five previous grant programs funded by SAMHSA's Center for Substance Abuse Prevention (CSAP) to provide HIV prevention services for minority populations. The first two were planning grant programs and the last three were service grant programs. HIV Cohort 1 and HIV Cohort 2 funded 2-year planning grants in FY 2000 and FY 2001 respectively. HIV Cohort 3 funded 48 3-year grants in FY 2002, HIV Cohort 4 funded 22 5-year grants in FY 2003, and HIV Cohort 5 funded 46 4-year grants in FY 2004. The goals for the Cohort 3-5 grants were to add, increase, or enhance

integrated substance abuse (SA) and HIV prevention services by providing supportive services and strengthening linkages between service providers for at-risk minority populations. The HIV Cohort 1-3 grants previously received OMB clearance No. 0930-0208.

The current HIV Cohort 6 Minority SA/HIV/Hepatitis Prevention Program funded 81 5-year grants in FY 2005 to community based organizations that are required to address the SAMHSA Strategic Prevention Framework (SPF) and participate in this cross-site evaluation. The grantees are expected to provide leadership and coordination on the planning and implementation of the SPF that targets minority populations and the minority reentry population in communities of color with high prevalence of SA, HIV/AIDS, and hepatitis. The primary objectives of the cross-site evaluation are to: (1) Assess the process of adopting and implementing the SPF with the target populations; (2) measure the

effectiveness of specified intervention strategies such as cultural enrichment activities, educational and vocational services, and/or computer-based curricula; and (3) determine the success of the program in delaying, preventing, and/or reducing the use of alcohol, tobacco, and other drugs (ATOD) among the target populations. The grantees are expected to provide an effective prevention process, direction, and a common set of goals, expectations, and accountabilities to be adapted and integrated at the community level. While the grantees have substantial flexibility in choosing their individual evidence-based programs, they are all required to base them on the five steps of the SPF to build service capacity specific to SA, HIV, and hepatitis prevention services. In FY 2006, all the grantees initiated Steps 1–3 of the SPF, namely conducting a needs assessment, building capacity, and planning how to implement their projects. Once their plans have been approved by their Government Project Officers they can precede onto Step 4 (implementation) and Step 5 (evaluation). Conducting this cross-site evaluation will assist

SAMHSA/CSAP in promoting and disseminating optimally effective prevention programs.

Grantees must also conduct ongoing monitoring and evaluation of their projects to assess program effectiveness including Federal reporting of the Government Performance and Results Act (GPRA) of 1993, the Performance Assessment Rating Tool (PART), SAMHSA/CSAP National Outcome Measures (NOMs), and HIV counseling and testing. All of this information will be collected through self-report questionnaires administered to program participants. All grantees will use two instruments, one for youth between the ages of 12 and 17, and one for adults 18 and older. These instruments include baseline, exit and 3–6 month follow-up (post-exit) questionnaires related to GPRA and NOMs augmented by questions pertaining to HIV and hepatitis. While the GPRA and NOMs measures have already been approved by OMB (OMB No. 0930–0230), the remaining HIV and hepatitis-related questions have not, hence this data collection. Each questionnaire contains

135 questions, of which 102 relate to HIV and hepatitis.

Sample size, respondent burden, and intrusiveness have been minimized to be consistent with the cross-site objectives. Procedures are employed to safeguard the privacy and confidentiality of participants. Every effort has been made to coordinate cross-site data collection with local data collection efforts in an attempt to minimize respondent burden.

The cross-site evaluation results will have significant implications for the substance abuse, HIV/AIDS and hepatitis prevention fields, the allocation of grant funds, and other evaluation activities conducted by multiple Federal, State, and local government agencies. They will be used to develop Federal policy in support of SAMHSA/CSAP program initiatives, inform the public of lessons learned and findings, improve existing programs, and promote replication and dissemination of effective prevention strategies.

The following table shows the estimated annualized burden for data collection.

	Number of respondents at baseline	Number of respondents at exit	Number of respondents at follow-up	Average burden/response (hrs.)	Total burden hours
Total of Adults and Youth	9,000	6,750	4,455	0.83	16,770

Written comments and recommendations concerning the proposed information collection should be sent by December 1, 2008 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503. Due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–6974.

Dated: October 23, 2008.

Elaine Parry,

Acting Director, Office of Program Services.
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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1802–DR]

Kentucky; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the Commonwealth of Kentucky (FEMA–1802–DR), dated October 9, 2008, and related determinations.

DATES: *Effective Date:* October 9, 2008.

FOR FURTHER INFORMATION CONTACT:

Peggy Miller, Disaster Assistance Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated October 9, 2008, the President declared a major disaster under the authority of

the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5207 (the Stafford Act), as follows:

I have determined that the damage in certain areas of the Commonwealth of Kentucky resulting from a severe wind storm associated with Tropical Depression Ike, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5207 (the Stafford Act). Therefore, I declare that such a major disaster exists in the Commonwealth of Kentucky.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Public Assistance in the designated areas, Hazard Mitigation throughout the Commonwealth, and any other forms of assistance under the Stafford Act that you deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Hazard Mitigation will be limited to 75 percent of the total eligible costs. Federal funds provided under the Stafford Act for Public Assistance also will be limited to 75