

Date: September 13–14, 2012.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Virtual Meeting).

Contact Person: Reed A Graves, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6166, MSC 7892, Bethesda, MD 20892, (301) 402–6297, gravesr@csr.nih.gov.

Name of Committee: Vascular and Hematology Integrated Review Group Hypertension and Microcirculation Study Section.

Date: September 17–18, 2012.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications

Place: Marriott Wardman Park Washington DC Hotel, 2660 Woodley Road NW., Washington, DC 20008.

Contact Person: Ai-Ping Zou, MD, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4118, MSC 7814, Bethesda, MD 20892, 301–408–9497, zouai@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS).

Dated: August 17, 2012.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2012–20692 Filed 8–22–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center For Scientific Review; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Special Topic: Biochemistry.

Date: August 27, 2012.

Time: 10:45 a.m. to 12:15 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Nuria E. Assa-Munt, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4164, MSC 7806, Bethesda, MD 20892, (301) 451–1323, assamunu@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS).

Dated: August 17, 2012.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2012–20693 Filed 8–22–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Refugee Resettlement

[C.F.D.A. Numbers: 93.566 and 93.584]

Notice of Change in Notification of Refugee Social Services and Targeted Assistance Formula Grant Allocations

AGENCY: Office of Refugee Resettlement, ACF, HHS.

ACTION: Notification of change.

SUMMARY: The Office of Refugee Resettlement, Administration for Children and Families (ACF), is changing the notification to States and Wilson/Fish Alternative Project grantees of final Social Services and Targeted Assistance formula grant awards. Under these two programs, formula grants are allotted to States based on the eligible population in each State. States and Wilson/Fish Alternative Project grantees use the grant awards to provide employment and other resettlement services to refugees, Amerasians, asylees, Cuban and Haitian entrants, victims of trafficking, and Iraqis and Afghans with Special Immigrant Visas.

Sections 412(c)(1)(B) and 412(c)(2)(A) of the Immigration and Nationality Act do not require applications for the Social Services and Targeted Assistance formula grant programs. ORR has the discretion to alter the process by which States and Wilson/Fish Alternative Project grantees are notified of their annual allocations. Therefore, in an

effort to streamline the process, an annual Funding Opportunity Announcement (FOA) will no longer be published. Instead, in addition to annual publication of a notice in the **Federal Register**, ORR will now also post tables of the allocations and the population figures used to calculate the award amount on the ORR Web site. In addition, official notification of awards will be provided to States and Wilson/Fish Alternative Project grantees by ACF's Division of Mandatory Grants.

DATES: This change is effective immediately.

FOR FURTHER INFORMATION CONTACT:

Henley Portner, Office of the Director, Office of Refugee Resettlement, (202) 401–5363, Henley.Portner@acf.hhs.gov.

Statutory Authority: Sections 412(c)(1)(B) and 412(c)(2)(A) of the Immigration and Nationality Act (INA) (8 U.S.C. 1522(c)(1)(B) and (c)(2)(A)).

Eskindir Negash,

Director, Office of Refugee Resettlement.

[FR Doc. 2012–20798 Filed 8–22–12; 8:45 am]

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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: Survey of State Underage Drinking Prevention Policies and Practices (OMB No. 0930–0316)—Revision

The Sober Truth on Preventing Underage Drinking Act (the “STOP Act”)¹ states that the “Secretary [of Health and Human Services] shall * * * annually issue a report on each State’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.” The Secretary has delegated responsibility for this report to SAMHSA. Therefore, SAMHSA has developed a *Survey of*

¹Public Law 109–422. It is assumed Congress intended to include the District of Columbia as part of the State Report.

State Underage Drinking Prevention Policies and Practices (the “*State Survey*”) to provide input for an *Annual Report on State Underage Drinking Prevention and Enforcement Activities* (the “*State Report*”). The STOP Act also requires the Secretary to develop “a set of measures to be used in preparing the report on best practices” and to consider categories including but not limited to the following:

Category #1: Sixteen specific underage drinking laws/regulations enacted at the State level (e.g., laws prohibiting sales to minors; laws related to minors in possession of alcohol);

Category #2: Enforcement and educational programs to promote compliance with these laws/regulations;

Category #3: Programs targeted to youths, parents, and caregivers to deter underage drinking and the number of individuals served by these programs;

Category #4: The amount that each State invests, per youth capita, on the prevention of underage drinking broken into five categories: (a) Compliance check programs in retail outlets; (b) Checkpoints and saturation patrols that include the goal of reducing and deterring underage drinking; (c) Community-based, school-based, and higher-education-based programs to prevent underage drinking; (d) Underage drinking prevention programs that target youth within the juvenile justice and child welfare systems; and (e) Any other State efforts or programs that target underage drinking.

Congress’ purpose in mandating the collection of data on State policies and programs through the *State Survey* is to provide policymakers and the public with currently unavailable but much needed information regarding State underage drinking prevention policies and programs. SAMHSA and other Federal agencies that have underage drinking prevention as part of their mandate will use the results of the *State Survey* to inform Federal programmatic priorities. The information gathered by the *State Survey* will also establish a resource for State agencies and the general public for assessing policies and programs in their own State and for becoming familiar with the programs, policies, and funding priorities of other States.

Because of the broad scope of data required by the STOP Act, SAMHSA relies on existing data sources where possible to minimize the survey burden on the States. SAMHSA uses data on State underage drinking policies from the National Institute of Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS), an authoritative compendium of State

alcohol-related laws. The APIS data is augmented by SAMHSA with original legal research on State laws and policies addressing underage drinking to include all of the STOP Act’s requested laws and regulations (Category #1 of the four categories included in the STOP Act, as described above, page 2).

The STOP Act mandates that the *State Survey* assess “best practices” and emphasize the importance of building collaborations with Federally Recognized Tribal Governments (“Tribal Governments”). It also emphasizes the importance at the Federal level of promoting interagency collaboration and to that end established the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). SAMHSA has determined that to fulfill the Congressional intent, it is critical that the *State Survey* gather information from the States regarding the best practices standards that they apply to their underage drinking programs, collaborations between States and Tribal Governments, and the development of State-level interagency collaborations similar to ICCPUD.

SAMHSA has determined that data on Categories #2, #3, and #4 mandated in the STOP Act (as listed on page 2) (enforcement and educational programs; programs targeting youth, parents, and caregivers; and State expenditures) as well as States’ best practices standards, collaborations with Tribal Governments, and State-level interagency collaborations *are not available from secondary sources* and therefore must be collected from the States themselves. The *State Survey* is therefore necessary to fulfill the Congressional mandate found in the STOP Act.

The *State Survey* is a single document that is divided into four sections, as follows:

- (1) Enforcement of underage drinking prevention laws;
- (2) Underage drinking prevention programs, including data on State best practices standards and collaborations with Tribal Governments;
- (3) State interagency collaborations used to implement the above programs; and
- (4) Estimates of the State funds invested in the categories specified in the STOP Act (see description of Category #4, above, page 2) and descriptions of any dedicated fees, taxes or fines used to raise these funds.

The number of questions in each Section is as follows:

Section 1: 31 questions

Section 2A: 18 questions²

² Note that the number of questions in Sections 2A is an estimate. This Section asks States to

Section 2B: 7 questions

Section 2C: 6 questions

Section 3: 12 questions

Section 4: 17 questions

TOTAL: 91 questions

It is anticipated that respondents will actually respond to only a subset of this total. This is because the survey is designed with “skip logic,” which means that many questions will only be directed to a subset of respondents who report the existence of particular programs or activities.

This latest version of the survey has been revised slightly. While a few additional questions were added, a similar number of questions were deleted, so that the revised survey does not place any additional burden on States. All questions continue to ask only for readily available data.

The changes can be summarized as follows:

Part I

The revised version of the survey adds five sub-questions to Part I, which deals with enforcement. The sub-questions seek additional details about the information sought in the original questions. The data sought in the sub-questions are very similar to the data sought in the original questions and will likely be kept or stored in the same location by the same personnel., according to our interviews with respondents. Accordingly, answering these new sub-questions should require very little if any work on the part of respondents.

The question asking how local and State enforcement agencies coordinate their efforts to enforce underage drinking laws has been dropped.

A question has been added seeking an estimate of the number of retail licensees in the State, if readily available. This question was not asked in the previous version of the Survey, but it was determined that reliable data on the number of retail licensees is not available from another source.

Under the existing question regarding number of compliance checks/decoy operations conducted by the State alcohol law enforcement agency, two sub-questions have been added. One sub-question asks whether these compliance check/decoy operations are conducted at both on-sale and off-sale establishments, and the second sub-question asks whether the agency conducts random compliance check/

identify their programs that are *specific* to underage drinking prevention. For each program identified there are six follow-up questions. Based on feedback from stakeholders and pilot testers, it is anticipated that States will report an average of three programs for a total of 18 questions.

decoy operation. If the answer is yes, the question asks for the number of licensees subject to random checks, and the number who failed.

Under the existing question asking for the total amount of fines imposed on retail establishments for furnishing alcohol to minors, a sub-question has been added requesting the dollar amounts of the smallest fine imposed and the largest fine imposed. Similarly, under the existing question asking for the total number of suspensions imposed on retail establishments for furnishing violations, a sub-question has been added asking the shortest and longest period of suspension, in days. These questions will help to establish the median for fines and days of suspension so as to provide a more accurate picture of enforcement efforts in the States.

Part II

In Part II, the question regarding “specific” underage drinking prevention programs and the question regarding “related” underage drinking prevention programs have been combined, and the references to “specific” and “related” have been eliminated. States no longer need to categorize their programs as one or the other and need only list their programs.

In the section asking for a description of each program, the existing survey asked for an estimate of how many youth, parents, and/or caregivers were served by the program. This section has been revised to ask whether the program is aimed at a specific, countable population, or the general population. For programs that are aimed at the general population, the question of how many youth, parents, and/or caregivers were served has been eliminated.

Also in the section asking for a description of each program, the existing survey asked for the time period for each program. This question has been eliminated.

The question on best practices has been clarified. A multiple choice answer has been added that asks for the source of the State’s best practices standards: Federal agency(ies); State agency(ies); Non-governmental agency(ies), or Other [please describe].

To ensure that the *State Survey* obtains the necessary data while minimizing the burden on the States, SAMHSA has conducted a lengthy and comprehensive planning process. It has sought advice from key stakeholders (as mandated by the STOP Act) including hosting an all-day stakeholders meeting, conducting two field tests with State

officials likely to be responsible for completing the *State Survey*, and investigating and testing various *State Survey* formats, online delivery systems, and data collection methodologies.

Based on these investigations, SAMHSA has decided to collect the required data using an electronic file distributed to States via email. The *State Survey* will be sent to each State Governor’s office and the Office of the Mayor of the District of Columbia, for a total of 51 survey respondents. Based on the experience from the last two years of administering the *State Survey*, it is anticipated that the State Governors will designate staff from State agencies that have access to the requested data (typically State Alcohol Beverage Control [ABC] agencies and State Substance Abuse Program agencies). SAMHSA will provide both telephone and electronic technical support to State agency staff and will emphasize that the States are only expected to provide data that is readily available and are not required to provide data that has not already been collected. The burden estimate below takes into account these assumptions.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/ respondent	Burden/ response (hours)	Annual burden (hours)
State Questionnaire	51	1	17.7	902.7

Written comments and recommendations concerning the proposed information collection should be sent by September 24, 2012 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB’s receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA_Submission@omb.eop.gov*. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory

Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,
Statistician.

[FR Doc. 2012–20719 Filed 8–22–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

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Project: Target Capacity Expansion grants for Jail Diversion Programs—(OMB No. 0930–0277)—Revision

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Mental Health Services (CMHS) has implemented the Targeted Capacity Expansion Grants for Jail Diversion Programs, the Jail Diversion and Trauma Recovery Program represents the current cohort of grantees. The Program currently collects client outcome measures from program participants who agree to participate in the evaluation. Data collection consists of interviews conducted at baseline, six and twelve intervals, as well the collection of data on participants from existing program records.

The current proposal requests the continuation of the data collection instruments previously approved by OMB. The only revision requested is a reduction in the respondent burden hours.

The following tables summarize the burden for the data collection.