

1. Identify the strengths and challenges that grantees and key partners used to implement the FCHCNC grant;

2. Assess the effectiveness of the grantees' implementation of the FCHCNC grant;

3. Determine client satisfaction and whether clients are meeting intervention goals; and

4. Assess health care utilization and cost savings associated with FCHCNC grant participation.

The evaluation will collect data from key stakeholders, grantee sites, and clients using the following methods:

1. In person and telephonic interviews;

2. Grantee data collection forms; and

3. Client satisfaction surveys.

ORHP is seeking approval from OMB for the three methods of data collection. A brief description of the data collection activities for which OMB approval is being sought is included below:

In Person and Telephonic Key

Informant Interviews: Interviews will be conducted with hospital administrators, providers, the care transitions coordinator, community health workers, and clients participating in the program. The interview guides consist of open-ended questions designed to gather

information on successes and challenges associated with the program design and implementation. Additionally, the interviews seek to gather information about the CHW training, client enrollment, intervention design for participants, and satisfaction with the program.

Grantee Data Collection: The data collected from each grantee site will provide details on program/client activity on a quarterly basis. The data will include the number of clients with whom the CHWs are involved, the intervention goals and objectives for each participant, resources used as part of the interventions, and the time it took for achievement of the goals. To provide insight on the effectiveness of the grantees' recruitment, grantee data collection will also provide information on CHWs' efforts to enroll clients and the successes and failures that they have with various recruitment methods.

Client Satisfaction Survey: The data collected as part of the client satisfaction survey will include data on types of health services used during their intervention and overall satisfaction with the FCHCNC program.

CMS Utilization and Cost Data: The data accessed for the FCHCNC program will include overall utilization of health

services by clients enrolled in the program (including number of hospitalizations) and the cost of the associated care received by the clients enrolled in the program.

Likely Respondents: Hospital Administrators, primary care providers, community health workers, the care transition coordinator, staff from the Montana Department of Public Health and Human Services, staff from Montana Health Education and Research Foundation, and CHW clients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Client satisfaction survey	85	1	85	.16	13.6
Hospital Administrator Interview Protocol	22	1	22	.5	11.0
Primary care Provider Interview Protocol	22	1	22	.5	11.0
Community Health Worker Interview Protocol	11	1	11	1.0	11.0
Care Transitions Coordinator Interview Protocol	1	1	1	1.0	1.0
Grantee Interview Protocol	2	1	2	.5	1.0
Client Interview/Focus Group Protocol	22	1	22	.5	11.0
Grantee Data Collection Form	11	4	44	4	176.0
Total	176				231.6

Dated: December 9, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request: Outcomes Evaluation of the National Cancer Institute (NCI) Cancer Prevention Fellowship Program (CPFP)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH), 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 was previously published in the **Federal Register** on August 12, 2013, (Vol. 78 FR p. 48879) and allowed 60 days for public comment. One public comment was received on August 18, 2013 which questioned the effectiveness of the program and whether the study was an effective use of taxpayer funds. An email response was sent on September 9, 2013 stating, "Your response will be reviewed in further consideration of all comments submissions made during the 60-day public notice period for this proposed information collection. Thank you for your inquiry, comments and/or suggestions". The purpose of this notice is to allow an additional 30 days for

public comment. The National Cancer Institute (NCI), National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974. Attention: NIH Desk Officer.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact: Jessica Faupel-Badger, Ph.D., MPH, Cancer Prevention Fellowship Program, National Cancer Institute, 9609 Medical Center Drive, Room 2W136 MSC 9712, Bethesda, Maryland 20892-9712 or call non-toll-free number 240-276-5650 or Email your request, including your address to: *badgerje@mail.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: Outcomes Evaluation of the National Cancer Institute (NCI) Cancer Prevention Fellowship Program (CPFP)—0925—NEW—National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The National Cancer Institute's (NCI) Cancer Prevention

Fellowship Program (CPFP) mission is to train early career scientists from diverse disciplines to become outstanding independent researchers and leaders. This postdoctoral program conducted on-site at NCI has been in existence for over 25 years and has approximately 200 alumni. The current study will focus on the implementation of a new survey instrument to capture career outcomes from CPFP alumni and two comparison groups, CPFP applicants and NCI F32 awardees. With the diversity of disciplines represented by CPFP alumni, the results of this evaluation will be of broad interest to the biomedical research training community.

OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated annualized burden hours are 197.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hour
CPFP Alumni	160	1	25/60	67
CPFP Applicants	170	1	20/60	57
F32 Awardees	220	1	20/60	73

Dated: December 5, 2013.

Vivian Horovitch-Kelley,

NCI Project Clearance Liaison, National Institutes of Health.

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BILLING CODE 4140-01-P

FEDERAL COMMUNICATIONS COMMISSION

Information Collection Approved by the Office of Management and Budget (OMB)

AGENCY: Federal Communications Commission.

ACTION: Notice.

SUMMARY: The Federal Communications Commission (FCC) has received Office of Management and Budget (OMB) approval for the following public information collections pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). An agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number, and no person is required to respond to a collection of information unless it displays a currently valid control number. Comments concerning the

accuracy of the burden estimates and any suggestions for reducing the burden should be directed to the person listed in the **FOR FURTHER INFORMATION CONTACT** section below.

FOR FURTHER INFORMATION CONTACT: Leslie Smith, Office of the Managing Director, at (202) 418-0217, or email: *Leslie.Smith@fcc.gov*.

SUPPLEMENTARY INFORMATION:

OMB Control Number: 3060-1181.

OMB Approval Date: July 31, 2013.

OMB Expiration Date: July 31, 2016.

Title: Study Area Boundary Data Reporting in Esri Shapefile Format, DA 12-1777 and DA 13-282.

Form Number: N/A.

Respondents: Incumbent local exchange carriers, and state regulatory entities.

Number of Respondents and Responses: 1,443 respondents; 1,443 responses.

Estimated Time per Response: 26 hours.

Frequency of Response: Annually if changes to study area boundaries; biannually for recertification or previously submitted data.

Obligation to Respond: Required. Statutory authority for this information collection is contained in 47 U.S.C. 254(b).

Total Annual Burden: 7,924 hours for in-house work for large incumbent local exchange carriers.

Total Annual Cost: \$705,935.00 contracting costs for small incumbent local exchange carriers.

Nature and Extent of Confidentiality: The Commission is not requesting that respondents submit confidential information to the Commission. Also, respondents may request materials or information submitted to the Commission be withheld from public inspection under 47 CFR 0.459 of the Commission's rules.

Needs and Uses: The Commission requires incumbent local exchange carriers (ILECs) to file shapefile maps of their service territories in a state (study area). State commission can also submit these data voluntarily for ILECs in their state. Shapefiles are a commonly used, digitized, geographic information system (GIS) format. Accurate study area boundaries are necessary for implementing various reforms adopted as part of the *USF/ICC Transformation Order*, 76 FR 73830, November 29, 2011, including the legitimate distribution of universal service support to rural, high cost carriers. Once ILECs have uploaded shapefiles to a web interface provided by the Commission, they must certify to