

Form	Number of respondents	Average number of responses per respondent	Total responses	Hours per response	Total burden hours
Factor Replacement Product (FRP) Data Sheet	68	1	68	30	2040

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: January 29, 2007.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.
[FR Doc. E7-1824 Filed 2-5-07; 8:45 am]

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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, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of

Management and Budget (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, call the HRSA Reports Clearance Officer on (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: "Health Care and Other Facilities" Construction Program: Web-Based Status Reporting Form: NEW

The Health Resources and Services Administration's Health Care and Other Facilities (HCOF) construction program provides earmarked funds to health-related facilities for construction-related activities and/or capital equipment purchases. Awarded facilities are

required to provide a periodic (quarterly for construction-related projects, annually for equipment only projects) update of the status of the funded project until it is completed. The monitoring period averages about 3 years, although some projects take up to 5 years to complete. The information collected from these updates is vital to program management staff to determine whether projects are progressing according to the established timeframes, meeting deadlines established in the Notice of Grant Award (NGA), and funds are drawn down appropriately. The data collected from the updates is also shared with both the Division of Grants Management Operations (DGMO) and the Division of Engineering Services (DES), so that they can assist in the overall evaluation of each project's progress.

A Web-based form has been developed for progress reporting for the HCOF program. This form will provide awardees access to directly input the required status update information in a timely, consistent, and uniform manner. The Web-based form will minimize burden to respondents and will inform respondents when there are missing data elements prior to submission.

The estimate of burden for the forms is as follows:

Project type (current)	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Construction-Related	325	4	1,300	.5	650
Equipment Only	357	1	357	.5	178.5
Total	682	1,657	828.5

Project type (FY 07-09 projection)	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Construction-Related*	498	4	1,992	.5	996
Equipment Only**	925	1	925	.5	462.5
Total	1,423	2,917	1,458

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Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

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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: Women’s Physical Activity and Healthy Eating Tools Assessment: NEW

The HRSA Office of Women’s Health (OWH) developed the *Bright Futures for Women’s Health and Wellness (BFWHW)* Initiative to help expand the scope of women’s preventive health activities, particularly related to nutrition and physical activity. An intermediate assessment of the *BFWHW* health promotion consumer materials related to physical activity and healthy eating will be conducted in order to assess how the *BFWHW* materials can stimulate a conversation on physical activity and healthy eating during a clinical encounter; inform future *BFWHW* programming, and add to the peer-reviewed literature regarding

women’s health and wellness initiatives.

Towards this end, anonymous assessment forms will be used to collect data from young and adult women clients, health care providers, and administrators of health centers. Data collected will include process and outcome measures. Data domains include: The distribution and use of the materials in the health care setting during wellness and health maintenance/check-up visits; client and provider awareness of physical activity and nutrition behaviors; attitudes about the importance of physical activity and nutrition; self-efficacy; and increase in knowledge and intent to change physical activity and nutrition behaviors.

A total of six organizations, which may include Federally Qualified Health Centers/Community Health Centers, faith-based organizations that offer health care services, worksite health centers, and school-based health clinics, will be selected for the study. Young women will complete anonymous assessment forms at school-based health centers; adult women will be assessed at other health care organizations. The providers at these sites will also be asked to complete a brief one-time anonymous assessment form. Telephone interviews will be conducted with an administrator of each of these sites as well. The data collection period at each site is estimated to last four months. The estimated response burden is as follows:

ESTIMATED DATA COLLECTION BURDEN HOURS

Data collection activity	Number of respondents	Hours per response	Responses per respondent	Total burden hours	Hourly wage rate	Total cost
Clients	3,000	1.00	1	3,000	\$5.15	\$15,450.00
Administrators	6	4.25	1	25.50	37.09	945.80
Support Staff	6	64.00	1	384	13.65	5,241.60
Providers	60	6.00	1	360	59.15	21,294.00
Total	3,072	3,769.5	\$42,931.40

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Caroline Lewis,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Privacy Act of 1974; Report of Modified or Altered System—Indian Health Service Scholarship and Loan Repayment Programs

AGENCY: Indian Health Service (IHS).

ACTION: Notice of Proposed Modification or Alteration to a System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, the Indian Health Service (IHS) is proposing to modify or alter a SOR, “Indian Health Service Scholarship and Loan Repayment Programs,” System No. 09–17–0002. We propose to modify the SOR to reflect current program changes, technology changes, statutory and implementation changes. Under the system name, we propose no change to the title but the office acronyms have been changed as a result of an organizational change. We are proposing to change the system location to reflect