in the computation of the Federal grants awarded under the Program.

DATES: *Effective Date:* The allotment percentages shall be effective for Fiscal Years 2010 and 2011.

FOR FURTHER INFORMATION CONTACT: Deborah Bell, Grants Fiscal Management Specialist, Office of Grants Management, Office of Administration, Administration for Children and Families, telephone (202) 401–4611.

SUPPLEMENTARY INFORMATION: The allotment percentage for each State is determined on the basis of paragraphs (b) and (c) of section 423 of the Act. These figures are available on the ACF homepage on the Internet: *http://www.acf.dhhs.gov/programs/cb/*. The allotment percentage for each State is as follows:

State	Allotment percentage
Alabama	57.84
Alaska	48.05
Arizona	56.38
Arkansas	61.11
California	46.00
Colorado	45.84
Connecticut	29.80
Delaware	47.41
District of Columbia	30.00
Florida	49.99
Georgia	55.97
Hawaii	49.58
Idaho	58.77
Illinois	47.38
Indiana	56.49
Iowa	54.98
Kansas	53.08
Kentucky	59.84
Louisiana	57.58
Maine	55.90
Maryland	39.77
Massachusetts	36.86
Michigan	54.78
Minnesota	46.78
Mississippi	63.23
Missouri	55.60
Montana	57.46
Nebraska	53.19
Nevada	47.38
New Hampshire	46.11
New Jersey	36.67
New Mexico	60.11
New York	40.20
North Carolina	55.99
North Dakota	54.67
Ohio	54.92
Oklahoma	55.55
Oregon	54.50
Pennsylvania	49.89
Rhode Island	48.70
South Carolina	59.40
South Dakota	54.49
Tennessee	56.26
Texas	52.11
Utah	60.33
Vermont	52.12
Virginia	45.62
Washington	47.36
West Virginia	62.02
Wisconsin	52.98
Wyoming	41.29
American Samoa	70.00
Guam	70.00
N. Mariana Islands	70.00
Puerto Rico	70.00
Virgin Islands	70.00

Dated: October 21, 2008.

Joan E. Ohl,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. E8–25843 Filed 10–29–08; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence Screening and Brief Intervention Evaluation—New

Since 2001, SAMHSA's Center for Substance Abuse Prevention has been operating the SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence. The purpose of the FASD Center is to prevent FASD and improve the treatment of FASD. The FASD Center's activities include providing training, technical assistance, and subcontracts to increase the use of effective evidence-based interventions.

The FASD Center will be integrating Screening and Brief Intervention (SBI) for pregnant women through service delivery organizations and will be evaluating the results. Seven sites will implement the SBI program operated through WIC or Healthy/Health Start. Using the protocol developed by O'Connor and Whaley, each of the participating WIC and Healthy Start programs will be screening pregnant women to identify those who are currently drinking. The SBI focuses on 10- to 15-minute sessions of counseling by a counselor who will use a scripted manual to guide the intervention. Participants in the SBI will be assessed at each visit (to monitor alcohol use), referred for additional services to support their efforts to stop drinking, and will be provided with the 10–15 minute intervention. Clients will be followed up until their 36th week of pregnancy.

At baseline, a screening tool will be administered by the WIC or Healthy/Health Start counselor to assess pregnant women at the participating sites or health care delivery programs. Women will be assessed for risk using the T–ACE or TWEAK screening instruments which have been used successfully with pregnant women. Both quantity and frequency of drinking will be assessed. In addition, basic demographic data will be collected (age, race/ethnicity, education, and marital status) at baseline by participating sites but no personal identification information will be transmitted to SAMHSA.

On a monthly basis, as clients return for their WIC or Healthy/Health Start program counseling session, follow-up data will be collected by the WIC or Healthy Start counselor. At each monthly follow-up visit, the quantity and frequency of drinking will be assessed and the client's goals for drinking will be recorded. In addition, process level variables will be assessed to understand how the program is being implemented (e.g., whether SBI was delivered; what referrals were made; which referral services were received). At the 36th week of pregnancy, the client will be asked for permission to place her record from this program into her infant's medical record (upon delivery) and quantity and frequency of drinking will be assessed.

The data collection is designed to evaluate the implementation of the proposed Screening and Brief

Intervention by measuring whether abstinence from alcohol is achieved. Furthermore, the project will include process measures to assess whether and how the intervention was provided.

ESTIMATED ANNUALIZED BURDEN HOURS

Screening tool/activity	Number of respondents (7 Sites)	Number of responses per respondent	Average burden per response	Total burden hours per collection
Assessment/Baseline Data Collection	3,428	1	.25	857
Monthly Follow-up (75% of baseline × 4 months maximum)	2,571	4	.33	3,393
Assessment Data Collection at 36th week (75% of baseline)	2,571	1	.25	642
Total	8,570	6		4,892

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1044, 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.

[FR Doc. E8–25898 Filed 10–29–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: Training and Technical Assistance in the Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence—New

Since 2001, the Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence has been operating under contract to SAMHSA's Center for Substance Abuse Prevention. The purpose of the FASD Center for Excellence is to prevent FASD and improve the treatment of FASD. As a cornerstone of the services delivered by the FASD Center for Excellence, targeted training, technical assistance, and consultation is provided in order to significantly improve immediate, intermediate, and long-term outcomes in the prevention and treatment of FASD.

The purpose of this submission is to obtain approval for the use of customer satisfaction feedback forms to be used by FASD Center for Excellence to monitor the delivery and quality of technical assistance, training, and consultation services. Based on estimates derived from a review of the services provided in the first 5 years of operation, the FASD Center for Excellence expects to conduct approximately 240 trainings, 5 informational meetings, and 150 technical assistance events over the course of their contract with SAMHSA. Presentations are available nationwide and can vary in topic and length depending on audience characteristics and presentation setting. Data collection protocols will vary slightly for different types of services and are presented separately for trainings, meetings, and technical assistance services.

Trainings

In keeping with theories of behavior change, changes in knowledge about FASD (for general trainings) and about topic-specific FASD issues (for advanced trainings) will be measured using a pre- and post-test methodology. The pre-test form will also include questions about participants' demographic background and professional affiliation. Participant evaluation forms will be administered immediately following a training event in order to assess customer satisfaction. The post-event evaluation form consists of a brief 2 page questionnaire that asks participants to rate the speaker, identify the most and least helpful features of the presentation, and assess their satisfaction with the services provided. A paper-and-pencil format will be utilized to collect participant responses, although a link to an online survey may be provided at the conclusion of a Webinar or other online presentation. Follow-up will occur both 3 and 6 months after the training either through a brief online survey or a telephone interview. Non-respondents will receive one follow up reminder e-mail.

Informational Meetings

Informational meetings that involve field trainers, who deliver the majority of the Center's FASD trainings, will utilize a pre- and post-test methodology to assess changes in knowledge. In addition, pre-test forms will also gather information about field trainers' cultural background, professional setting, and number of years of experience in the field. Post-test questionnaires will evaluate both knowledge and customer satisfaction immediately following informational meetings. Follow up occurs both at 6 and 12 months after the meeting through either a brief online survey or a telephone interview. Non-respondents will receive one follow up reminder e-mail.

No pre-test forms will be used for informational meetings that do not involve field trainers. Meeting feedback surveys will be administered immediately following informational meetings, and will both assess customer satisfaction and gather background information about participant demographics and professional affiliation. No long-term follow up activity is anticipated for informational