

instruments, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer on (301) 443-1129.

**Proposed Project: HRSA/Bureau of Primary Health Care Capital Improvement Program Application National Environmental Policy Act (NEPA) Requirements (NEW)**

The American Recovery and Reinvestment Act (ARRA) provides \$1.5 billion in grants to support construction, renovation and equipment, and the acquisition of health information technology systems, for health centers, including health center controlled

networks receiving operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). HRSA is requesting emergency processing procedures for the Environmental Information and Documentation portion of the application because this information is needed before the expiration of the normal time limits under regulations at 5 CFR part 1320 to ensure the timely availability of data to make award determinations for receipt of funds under ARRA. Of the \$1.5 billion, HRSA will award approximately \$850 million, through limited competition grants, for one-time Capital Improvement Program

(CIP) grant funding in fiscal year (FY) 2009 to support existing section 330 funded health centers. Funding under this opportunity will address pressing capital improvement needs in health centers, such as construction, repair, renovation, and equipment purchases, including health information technology systems. Applicants must provide information and assurance of compliance with the National Environmental Policy Act of 1969 (NEPA) on the Environmental Information and Documentation (EID) checklist.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
NEPA EID Checklist .....	1,134	1	1,134	1	1,134
Total .....	1,134	.....	1,134	.....	1,134

Dated: April 29, 2009.  
**Alexandra Hutfinger,**  
*Director, Division of Policy Review and Coordination.*  
 [FR Doc. E9-10285 Filed 4-30-09; 11:15 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Director's Three Initiative Best Practice, Promising Practice, and Local Effort Form**

**AGENCY:** Indian Health Service, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

*Proposed Collection:* Title: 0917-NEW, "Indian Health Service Director's Three Initiative Best Practice, Promising

Practice, and Local Effort Form." Type of Information Collection Request: Three year approval of this new information collection, 0917-NEW, "Indian Health Service Director's Three initiative Best Practice, Promising Practice, and Local Effort (BPPPLE) Form." Form(s): The Indian Health Service BPPPLE form. Need and Use of Information Collection: The Indian Health Service (IHS) goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission, the Director's Three Initiative was launched which is comprised of Health Promotion and Disease Prevention (HP/DP), Behavioral Health (BH) and Chronic Care (CC). The Director's Three Initiative is linked together in their aim to reduce health disparities and improve the health and wellness among the AI/AN populations through a coordinated and systematic approach to enhance health promotion, and chronic disease and mental health prevention methods at the local, regional, and national levels.

To provide the product/service to IHS, Tribal, and Urban (I/T/U) programs, the Director's Three Initiative works together to develop a centralized program database of Best/Promising

Practices (BPP). The purpose of this collection is to develop a database of BPP to be published on the IHS.gov website which will be a resource for program evaluation and for modeling examples of HP/DP, BH, and CC projects occurring in AI/AN communities.

This is a request that OMB approve, under the Paperwork Reduction Act, an IHS information collection initiative to promote submission of "Best and Promising Practices and Local Efforts" among the I/T/U.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information.

The information collected will enable the Director's Three Initiative program to: (a) Identify evidence based approaches to prevention programs among the I/T/U when no system is currently in place; and (b) Allow the program managers to review BPPPLE occurring among the I/T/U when considering program planning for their community.

*Affected Public:* Individuals. Type of Respondents: I/T/U organizations program staff.

The table below provides: Types of data collection instruments, Number of respondents, Responses per respondent, Average burden hour per response, and Total annual burden hour(s).

ESTIMATED BURDEN HOURS

Data collection instrument(s)	Number of respondents	Responses per respondent	Average burden hour per response	Total annual burden hours
IHS Service Unit, Tribal, and Urban Indian Center Administrators .....	100	1	20/60	33.3
Total .....	100	.....	.....	33.3

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Send Comments and Requests for Further Information:* Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data collection instrument(s) and instructions to: Ms. Betty Gould, Regulations Officer, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852-1627; call non-toll free (301) 443-7899; send via facsimile to (301) 443-9879; or send your e-mail requests, comments, and return address to: [betty.gould@ihs.gov](mailto:betty.gould@ihs.gov).

*Comment Due Date:* Your comments regarding this information collection are

best assured of having full effect if received within 30 days of the date of this publication.

Dated: April 27, 2009.

**Robert G McSwain,**

*Director, Indian Health Service.*

[FR Doc. E9-10048 Filed 5-1-09; 8:45 am]

**BILLING CODE 4165-16-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* ORR Financial Status Report for the Cash and Medical Assistance Program.

*OMB No.:* New Collection.

*Description:* The Office of Refugee Resettlement (ORR) reimburses, to the extent of available appropriations, certain non-Federal costs for the provision of cash and medical assistance to refugees, along with allowable expenses for the administration the refugee resettlement program at the State level. States (and Wilson/Fish projects; *i.e.*, alternative projects for the administration of the refugee resettlement program) currently submit SF-269 Financial Status data in accordance with 45 CFR part 92 and 45 CFR part 74. This proposed new data collection would replace the current requirement for the SF-269 with a

financial status report form that would collect similar financial status data (*i.e.*, amounts of outlays and obligations) by the four program components: refugee cash assistance, refugee medical assistance, cash and medical assistance administration, and services for unaccompanied refugee minors. This breakdown of financial status data would allow ORR to track program expenditures in greater detail to anticipate any funding issues and to meet the requirements of ORR regulations at CFR 400.211 to collect these data for use in estimating future costs of the refugee resettlement program. ORR must implement the methodology at CFR 400.211 each year after receipt of its annual appropriation to ensure that appropriated funds will be adequate for assistance to entering refugees. The estimating methodology prescribed in the regulations requires the use of actual past costs by program component. In the event that the methodology indicates that appropriated funds are inadequate, ORR must take steps to reduce federal expenses, such as by limiting the number of months of eligibility for Refugee Cash Assistance and Refugee Medical Assistance. This proposed single-page financial status report will allow ORR to collect the necessary data to ensure that funds are adequate for the projected need and thereby meet the requirements of both the Refugee Act and ORR regulations.

*Respondents:* State governments.

**Wilson/Fish Alternative Projects**

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ORR Financial Status Report .....	58	4	0.50	116

*Estimated Total Annual Burden Hours:* 116.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the

information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370

L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed