

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Survey instruments (by type of respondent)	Number of respondents	Number of responses/ respondent	Avg. burden/ response in hours	Total burden (in hours)
MARSH—Self Description Questionnaire v I, 7–12 years	15	1	15/60	4
MARSH—Self Description Questionnaire v II, 13–15 years	90	1	20/60	30
MARSH—Self Description Questionnaire v III 16+ years	85	1	20/60	28
Pediatric Quality of Life Child (8–12)	15	1	5/60	1
Pediatric Quality of Life Teen (13+)	175	1	5/60	15
Youth Demographic Survey, 16+ years	85	1	1/60	1
Teacher: Teacher Survey	949	1	10/60	158
Total	1317	831

Dated: September 17, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–09AC]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Occupational Injuries and Illnesses Among Emergency Medical Services (EMS) Workers: A NEISS–Work Telephone Interview Survey—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Studies have reported that EMS workers have higher rates of non-fatal

injuries and illnesses as compared to the general worker population. As EMS professionals are tasked with protecting the health of the public and treating urgent medical needs, it follows that understanding and preventing injuries and illnesses among EMS workers will have a benefit reaching beyond the workers to the general public.

As mandated in the Occupational Safety and Health Act of 1970 (Pub.L 91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. Related to this mission, the purpose of this project is to conduct research that will provide a detailed description of non-fatal occupational injuries and illnesses incurred by EMS workers. The project will use two related data sources. The first source is data abstracted from medical records of EMS workers treated in a nationally stratified sample of emergency departments. These data are routinely collected by the occupational supplement to the National Electronic Injury Surveillance System (NEISS–Work). The second data source, for which NIOSH is seeking OMB approval, is responses to telephone interview surveys of the injured and ill EMS workers identified within NEISS–Work.

The proposed telephone interview surveys will supplement NEISS–Work data with an extensive description of EMS worker injuries and illnesses, including worker characteristics, injury types, injury circumstances, injury outcomes, and use of personal protective equipment. Previous reports describing occupational injuries and illnesses to EMS workers provide limited details on specific regions or sub-segments of the population. As compared to these earlier studies, the

scope of the telephone interview data will be broader as it includes sampled cases nationwide and has no limitations in regards to type of employment (*i.e.*, volunteer versus career). Results from the telephone interviews will be weighted and reported as national estimates.

The sample size for the telephone interview survey is estimated to be approximately 175 EMS workers annually for the proposed four year duration of the study. This estimate is based on the number of EMS workers identified in previous years of NEISS–Work data and a 50% response rate that is comparable to the rate of previously conducted National Electronic Injury Surveillance System telephone interview studies. Each telephone interview will take approximately 20 minutes to complete, resulting in an annualized burden estimate of 58 hours.

This project is a collaborative effort between the Division of Safety Research in the NIOSH and the Office of Emergency Medical Services in the National Highway Traffic Safety Administration. Both agencies have a strong interest in improving surveillance of EMS worker injuries and illnesses to provide the information necessary for effectively targeting and implementing prevention efforts and, consequently, reducing occupational injuries and illnesses among EMS workers.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 58.

Estimated Annualized Burden Hours

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
EMS workers	175	1	20/60

Dated: September 15, 2009.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Non-Competitive Award of Funding to the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition Foundation, Inc

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Non-Competitive Award of Funding to the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition Foundation, Inc.

SUMMARY: This **Federal Register** Notice announces the non-competitive extension of Grant Number U69HA07626, Supporting Networks of HIV Care by Enhancing Primary Medical Care (SNHC by EPMC), to the CAEAR Coalition Foundation, Inc., the awardee of record, for one additional year, through August 31, 2010, at a funding level of approximately \$1,451,445. The purpose of the award extension is to allow for the completion of ongoing work and an external evaluation assessment of the project's activities undertaken during the project period of September 1, 2006, through August 31, 2009, before a new competitive cycle is started. Evaluation findings will help HRSA frame a new competitive opportunity in fiscal year (FY) 2010. The authority for this funding is the Public Health Service Act, section 2692, 42 U.S.C. § 300ff-111, as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Pub. L. 109-415); it can be viewed under the Catalog for Federal Domestic Assistance (CFDA) Number 93.145.

SUPPLEMENTARY INFORMATION: HRSA's HIV/AIDS Bureau's (HAB), Division of Training and Technical Assistance (DTTA), awarded the current awardee non-competitive funding for FY 2009 for a fourth and final project year September 1, 2009, through August 31, 2010, in the amount of \$1,451,445, which represents \$2,085,822 less than awarded in fiscal year FY 2008 for year three activities.

The SNHC by EPMC is solely funded by the Secretary of Health and Human Services' Minority AIDS Initiative (MAI) and utilizes innovative strategies and

activities specifically targeted to the highest risk and hardest-to-serve minority populations and communities of color. The SNHC by EPMC is a national technical assistance (TA) and capacity building project with the goal to ensure providers' ability to serve ethnic/racial minority communities; enable providers to adapt to an environment of few resources, rising costs, and growing HIV/AIDS prevalence; integrate new providers into systems of HIV care; and identify and deliver best practices and clinical guidelines to ultimately improve the lives of those impacted by HIV/AIDS.

Owing to unanticipated changes and delays in initiating the originally proposed projected activities and the evaluation of the program, additional time and resources are necessary to conclude the proposed activities and the external evaluation of the project's activities. This evaluation and assessment, to be completed between September 1, 2009, and November 30, 2009, are critical to HRSA in developing a new competitive opportunity in fiscal year (FY) 2010 that more specifically targets the needs of primary care organizations that treat individuals with HIV/AIDS, and provides more refined approaches to the conduct of technical assistance and training that supports and sustains such organizations.

By non-competitively awarding funds to the current grantee, CAEAR Coalition Foundation, Inc., in the fourth year, the external evaluation will be able to take into account the complete collection of case studies and provide a meta-analysis, thereby furthering the Agency's understanding of capacity needs of HIV service providers and allowing for better targeted future funding decisions. Given the importance and visibility of this departmental initiative, it is critical that this project be assessed and evolve in a manner that addresses the ever changing HIV epidemic and its impact on marginalized populations and the safety net providers that serve them.

FOR FURTHER INFORMATION CONTACT:

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Lauresa.Washington@hrsa.hhs.gov.

Dated: September 17, 2009.

Mary K. Wakefield,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

FY 2010 Special Diabetes Program for Indians; Community-Directed Grant Program

Announcement Type: New/Competing Continuation.

Funding Opportunity Number: HHS-2010-IHS-SDPI-0001.

Catalog of Federal Domestic Assistance Number: 93.237.

Key Dates

Application Deadline: October 20, 2009.

Review Date: November 2-4, 2009.

Earliest Anticipated Start Date: November 16, 2009.

Other information: This announcement will be open throughout Fiscal Year (FY) 2010 based on existing budget cycles. Refer to application instructions for additional details. This current announcement targets grantees that currently operate under a budget cycle that begins on October 1.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting grant applications for the FY 2010 Special Diabetes Program for Indians (SDPI) Community-Directed grant program. This competitive grant announcement is open to all existing SDPI grantees that have an active grant in place and are in compliance with the previous terms and conditions of the grant. This program is authorized under HR 6331 "Medicare Improvement for Patients and Providers Act of 2008" (Section 303 of Pub. L. 110-275) and the Snyder Act, 25 U.S.C. 13. The program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.437.

Overview

The SDPI seeks to support diabetes treatment and prevention activities for American Indian/Alaska Native (AI/AN) communities. Grantees will implement programs based on identified diabetes-related community needs. Activities will be targeted to reduce the risk of diabetes in at-risk individuals, provide services that target those with new onset diabetes, provide high quality care to those with diagnosed diabetes, and/or reduce the complications of diabetes.

The purpose of the FY 2010 SDPI Community-Directed grant program is to support diabetes treatment and prevention programs that have a program plan which integrates at least