

—Budget and Budget Justification 15 points.

For FY 2011, the two criteria for the SEDS-AFI FOA will be titled and weighted as follows:

—Approach 90 points and

—Budget and Budget Justification 10 points.

The criteria titles will match the titles found in the project description section of the FOAs. Matching titles will help applicants to better understand the connection between the two sections of the FOAs. The assigned weights better reflect what ANA considers to be the most important elements of the project application. (Legal authority: Section 803(c) of NAPA, as amended.)

ii. *ANA Evaluation Criteria*: Included here is a summary of each criterion. The FOAs will include a more detailed description of the evaluation criteria and the associated project description.

(a) *Objectives and Need for Assistance*: Under this criterion, applications will be evaluated on the applicant's community and applicant identification, connection to the community, community participation in the project development, the problem statement, and the briefly stated objectives.

(b) *Outcomes Expected*: Under this criterion, applications will be evaluated on the strength of the project outcomes expected, which include the project goal, the results and benefits expected, and one project-specific impact indicator. For language applications that are designed to teach a Native language, applicants must include an impact indicator that shows advancement of language fluency. All other language projects should provide an impact indicator that measures an increase in community interest to preserve the language.

(c) *Approach*: Under this criterion, the application will be evaluated on the strength of the project approach. This criterion includes two sub-criteria; the project strategy and the OWP. The project strategy sub-criterion includes a detailed description of the implementation plan, community involvement and outreach during implementation, and contingency planning to support project implementation. In addition, partnerships and leveraged resources will be evaluated as to their contribution within the overall strategy of project implementation and its sustainability; however, the target numbers will not be evaluated or scored. In this section reviewers will also consider organizational capacity and project sustainability. The OWP

sub-criterion includes a review of the OWP form and its strength as an effective implementation tool.

(d) *Budget*: Under this criterion, the application will be evaluated on the strength of the budget and how well it supports successful completion of the project objectives. This criterion includes a line-item budget and budget justification for each line item for each budget period.

The changes to the content of evaluation criteria, and the complementary changes to the project description section of the FOA, will more effectively guide panel reviewers and applicants on what ANA believes are critical components of a project application. (Legal authority: Section 803(c) of NAPA, as amended.)

Once published, the 2011 FOAs can be accessed at <http://www.acf.hhs.gov/grants/open/foa/office/ana>.

Dated: December 31, 2010.

Lillian Sparks,

Commissioner, Administration for Native Americans.

[FR Doc. 2011-285 Filed 1-7-11; 8:45 am]

BILLING CODE 4184-34-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Revised Child Outcomes Framework

AGENCY: Office of Head Start (OHS), HHS.

ACTION: Notice of Revised Child Outcomes Framework.

SUMMARY: This notice announces and informs the public of the revised *Head Start Child Outcomes Framework*, renamed *The Head Start Child Development and Learning Framework: Promoting Positive Outcomes in Early Childhood Programs Serving Children 3-5 Years Old*. The Framework was revised to give more prominence to the information part of the initial document. The revisions do not create new requirements on Head Start and delegate agencies. The revised Framework continues to identify the developmental outcomes that Head Start and delegate agencies have been responsible for addressing in their Head Start preschool programs serving 3 to 5 year old children since the original was published in 2000.

FOR FURTHER INFORMATION CONTACT: Call toll-free number 1-866-763-6481; e-mail childoutcomes@headstartinfo.org; or mail Michele Plutro, Head Start

Program Specialist, Office of Head Start, 1250 Maryland Avenue, SW., Suite 8000, Washington, DC 20024.

Dated: January 4, 2011.

Yvette Sanchez Fuentes,

Director, Office of Head Start.

[FR Doc. 2011-195 Filed 1-7-11; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Health Center Controlled Networks Progress Reports (OMB No. 0915-0315)—Revision

The Health Resources and Services Administration (HRSA) collects network outcome measures, conducts evaluation of those measures, and has an electronic reporting system for the following types of grantees: Health Information Technology Planning Grants, Electronic Health Record Implementation (including High Impact Electronic Health Records Implementation) for Health Center Controlled Networks, and Health Information Technology Innovations for Health Center Controlled Networks. In order to help carry out its mission, HRSA created a set of performance measures that grantees use to evaluate the effectiveness of their service programs and monitor their progress through the use of performance reporting data.

Grantees report to HRSA on their grants to accomplish the following goals: Increase access to needed data and services; improve quality, efficiency and effectiveness of network services; and enhance ability to track and monitor patient outcomes. Grantees submit their progress reports in a mid-

year report and an accumulative annual progress report each fiscal year of the grant. The increase in burden since 2007 is due to an increase in the number of

grantees (46 to 89) and an increase in the hours per response. The increase in the hours per response is due to a re-estimation of burden for grantees.

The annual estimate of burden is as follows:

Application	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Planning	1	2	2	10	20
Electronic Health Records Implementation	56	2	112	18	2,016
Innovations	32	2	64	18	1,152
Total	89	178	3,188

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: January 4, 2011.

Robert Hendricks,
Director, Division of Policy and Information Coordination.

[FR Doc. 2011-144 Filed 1-7-11; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Noncompetitive Replacement Awards to Sunset Park Health Council, Inc.

SUMMARY: The Health Resources and Services Administration (HRSA) will transfer the remaining American Recovery and Reinvestment Act (ARRA) Increased Demand for Services (IDS) and a portion of the Capital Improvement Project (CIP) from Saint Vincent's Catholic Medical Centers (SVCMC) of New York, current grantee of record, to Sunset Park Health Council, Inc. in order to ensure the continuity of services to low-income, underserved homeless patients in New York City.

SUPPLEMENTARY INFORMATION:

Former Grantee of Record: Saint Vincent's Catholic Medical Centers of New York.

Original Period of Grant Support: ARRA IDS Funds—March 27, 2009 to March 26, 2011; ARRA CIP Funds—June 29, 2009 to June 28, 2011.

Replacement Awardee: Sunset Park Health Council, Inc.

Amount of Replacement Award: \$295,389.

Period of Replacement Award: The period of support for this award is November 1, 2010 to June 28, 2011.

Authority: Section 330(h) of the Public Health Service Act, 42 U.S.C. 245b.

CDFA Number: 93.703.

Justification for the Exception to Competition: The former grantee, Saint Vincent's Catholic Medical Centers of New York, has relinquished all grants due to financial difficulties resulting in bankruptcy and closure of facilities and programs. The former grantee has requested that HRSA transfer the ARRA Increased Demand for Services funds and ARRA Capital Improvement Project funds in order to implement and carry out grant activities originally proposed under SVCMC funded ARRA grant applications.

SPHC is an experienced provider of care and has a demonstrated record of compliance with Health Center Program statutory and regulatory requirements and located in the same geographical area. The short-term transfer of the ARRA Increased Demand for Services and ARRA Capital Improvement Project funds will ensure that critical primary health care services continue and remain available to the low-income, underserved homeless patients with no interruption in services to the target population.

FOR FURTHER INFORMATION CONTACT: Marquita Cullom-Scott via e-mail at *MCullom-Scott@hrsa.gov* or telephone at 301-594-4300.

Dated: January 5, 2011.

Mary K. Wakefield,
Administrator.

[FR Doc. 2011-282 Filed 1-7-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Heart, Lung, and Blood Advisory Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Advisory Council.

Date: February 15, 2011.

Open: 8 a.m. to 12 p.m.

Agenda: To discuss program policies and issues.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Closed: 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892.

Contact Person: Stephen C. Mockrin, PhD, Director, Division of Extramural Research Activities, National Heart, Lung, and Blood Institute, National Institutes of Health, 6701 Rockledge Drive, Room 7100, Bethesda, MD