

factors and inform those who hope to improve the effectiveness of partnerships and implementation efforts under the grant and lead to improved outcomes for communities, schools, and students. The three agencies sponsoring the SS/HS Initiative (the U.S. Department of Health and Human Services, the U.S. Department of Education, and the U.S. Department of Justice) may also choose to incorporate aggregate results from collected data in journal articles, scholarly presentations, and congressional testimony referring to

the outcomes of the SS/HS grant program. Data collection activities involve the administration of four separate surveys (a Baseline Assessment Survey, a Project-Level Survey, a School-Level Survey, and a Staff School Climate Survey) and a Site Visit Protocol for individuals involved with the SS/HS Initiative at the local grantee level. Respondents will submit their responses for all surveys via Qualtrics, a third-party, online Web-based survey platform, except for the Site Visit

Protocol, which will be administered on site with grantees. The estimated burden for data collection is 5,732 hours across a total of 28,125 participants. Using median hourly wage estimates reported by the Bureau of Labor Statistics, May 2009 National Occupational Employment and Wage Estimates, and a loading rate of 25%, the estimated total cost to respondents is \$207,343. A breakdown of these estimates is presented in Table 1 below.

TABLE 1—ELEMENTS OF ANNUALIZED HOUR-COST BURDEN OF DATA COLLECTION *

Instrument description	Anticipated number of respondents	Responses per respondent	Average hours per response	Total annual hour burden
Site Visit Protocol	100	1	9	900
Baseline Assessment Survey	25	1	.67	17
Partnership Inventory	400	1	0.25	100
Project-Level Survey	100	1	0.42	42
School-Level Survey	2,300	1	0.45	1,725
Staff School Climate Survey	25,200	1	0.117	2,948
Total	28,125	.....	.....	5,732

* Number of respondents based on an estimated annual average of 100 grantees. Baseline Assessment Survey administered only to grantees in the 2011–2013 cohorts. School-Level Survey estimates based on an average of 23 schools per grant. Staff School Climate Survey estimates based on 252 respondents per grantee. Average hours per response based on previous evaluation and pilot tests.

Written comments and recommendations concerning the proposed information collection should be sent by August 24, 2011 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–7285.

Dated: July 18, 2011.
Elaine Parry,
Director, Office of Management, Technology and Operations.
 [FR Doc. 2011–18759 Filed 7–22–11; 8:45 am]
BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C.

Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Assessment of the Underage Drinking Prevention Education Initiatives State/Territory Videos Project—New

The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) is requesting Office of Management and Budget (OMB) approval of three new data collection instruments—

- State/Territory Video Contacts Interview Form
- State/Territory Videos Project—Dissemination Update Form
- Video Viewers Feedback Form

This new information collection is for a process assessment of the Underage Drinking Prevention Education Initiatives State/Territory Videos project to be conducted from 2011 through 2014. In 2007, four States participated in a pilot study to produce videos highlighting the underage drinking (UAD) prevention efforts of the States. Based upon the success of those videos in showcasing the States' UAD prevention activities, 10 additional States and 1 Territory were provided funds to produce UAD prevention videos in 2009. SAMHSA/CSAP intends to support the production of the State/

Territory UAD prevention videos annually. Therefore, from 2010 through 2013, SAMHSA/CSAP will invite approximately 45 additional States/Territories to produce their own UAD prevention video.

The information collected for the assessment will be used by SAMHSA/CSAP to (1) Ascertain whether the videos produced under the State/Territory Videos project are assisting States and Territories in communicating effectively about their underage drinking prevention initiatives, goals, and objectives; (2) document the dissemination efforts of the videos; and (3) enhance the technical assistance (TA) that is provided by the video production team in producing the videos. This information collection is being implemented under authority of Section 501(d)(4) of the Public Health Service Act (42 U.S.C. 290aa).

There are three phases to the process assessment of the State/Territory Videos project—(1) State/Territory video contacts interviews, (2) dissemination updates, and (3) video viewers feedback.

Phase I—State/Territory Video Contacts Interviews—A member of the assessment team will contact the designated State/Territory point of contact once the video is finalized. The focus of the interview will be around the State's/Territory's experience in producing the UAD prevention video,

the dissemination efforts of the video, and TA received. The interview will be guided by the State/Territory Video Contacts Interview Form. The State/Territory Video Contacts Interview Form includes 31 items, among which are included the following:

- Objectives of the video.
- Targeted audiences of the video.
- Dissemination efforts of the video.
- Identification of how the video increases capacity to communicate about UAD prevention activities.
- Usefulness of the preplanning materials and activities.
- Assessment of the TA received.

By 2014, the State/Territory Video Contacts Interview Form will be completed with approximately 45 State/Territory points of contact for videos produced from 2010 through 2013. It will take an average of 20 minutes (0.333 hours) to read the informed consent statement and complete the interview. This burden estimate is based on interviews that were conducted with the pilot sites in 2007. Only 1 response per respondent is required.

Phase II—Dissemination Updates—At about 6 months after the interview, the State/Territory points of contact will be sent an e-mail from the assessment team detailing the need to update the dissemination efforts of the video for the past 6 months. The email will include a coded link to access the State/Territory Video Project—Dissemination Update Form. The State/Territory Video Project—Dissemination Update Form includes 16 items, among which are included the following:

- Dissemination efforts of the video in the past 6 months.
- Feedback received on the video in the past 6 months.
- Unintended positive outcomes from the video in the past 6 months.
- Assessment of TA received in the past 6 months.

At the end of the form, the contact is thanked and reminded that they will be recontacted in about 6 months to update the dissemination efforts of their State's/Territory's video. Following OMB clearance, an e-mail will be sent to the State/Territory points of contact for videos produced during 2007–2009 noting that OMB clearance has been received for the assessment and asking them to update the dissemination efforts of the video for the past 6 months. These State/Territory points of contact provided initial details of the dissemination activities of their State's/Territory's video to the video production team during the post-production phase of the video. All videos produced under the State/Territory Videos project during 2007–2013 (total of 60) will be assessed in this phase.

The State/Territory Videos Project—Dissemination Update Form will be completed by State/Territory points of contact every 6 months through 2014. A total of 226 updates are expected through 2014. It will take an average of 10 minutes (0.167 hours) to review instructions and complete the online form. The burden estimate is based on comments from several potential respondents who reviewed the form and provided comments on how long it would take them to respond to it. The annualized hour burden is expected to vary because of differences in when the videos were produced and the number of updates that are expected through 2014.

Phase III—Video Viewers Feedback—The purpose of this phase of the assessment is to obtain feedback on the videos to determine if the videos increased community awareness of the UAD prevention efforts of the States/Territories. The Video Viewers Feedback Form will be located on the

'State Videos' page of www.stopalcoholabuse.gov. A link to the feedback form may also be placed on SAMHSA's YouTube channel (if additional clearance is obtained). If States/Territories conduct in-person meetings to showcase the video, they may direct persons to the 'State Videos' page of www.stopalcoholabuse.gov to complete the form or a link to the form will be provided that can be placed on their agency's website. Viewers will be asked to complete 1 feedback form for each video viewed. The Video Viewers Feedback Form includes 16 items, among which are included the following:

- Indication of which video was viewed.
- When and how the video was viewed.
- Indication of increased awareness of the State's/Territory's UAD prevention activities.
- Perception of increased involvement.
- Demographics of the viewers.

This phase will include all videos produced since 2007 (total of 60). It is estimated that by 2014, a total of 12,224.40 viewers will complete the online form, which will take an average of 5 minutes (0.083 hours) to review the informed consent statement, instructions, and complete the form. The average completion time is based on comments from several potential respondents who reviewed the form and provided comments on how long it would take them to respond to it. Viewers of the video are assumed to be persons in the health education field or members of the general public (25 and 75 percent, respectively). The hour burden is expected to vary because of this difference in viewers.

ESTIMATED BURDEN TABLE BY PHASE—ALL FOUR YEARS (2011–2014)

Phases	Number of respondents (production year of video)	Responses per respondent	Total responses	Hours per response	Total hour burden
Phase I—State/Territory Contacts Interviews	45	1	45	0.333	14.99
Phase II—Dissemination Updates	4 (2007)	6	24	0.167	4.01
	11 (2009)	6	66	.....	11.02
	8 (2010)	6	48	.....	8.02
	13 (2011)	4	52	.....	8.68
	12 (2012)	2	24	.....	4.01
	12 (2013)	1	12	.....	2.00
Phase III—Video Viewers Feedback	3,056.10	1	3,056.10	0.083	253.66
	9,168.30	1	9,168.30	.....	760.97
Total-all Phases	12,329.40	.....	12,495.40	.....	1,067.36

ESTIMATED AVERAGED * ANNUALIZED BURDEN TABLE

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
State/Territory Video Contacts Interview Form	15	1	15	0.333	5.00
State/Territory Videos Project—Dissemination Update Form	15	6.25	56.50	0.167	9.44
Video Viewers Feedback Form	764.03	1	764.03	0.083	63.42
	2,292.08	1	2,292.08	0.083	190.24
Total	3,086.11	—	3,127.61	—	268.10

*The numbers reflected in this table are averaged across all 4 years of the assessment, except for the State/Territory Video Contacts Interview Form which is averaged across 3 years. The hours per response rates are actual not average figures. Figures in this table may be off slightly from figures in the Estimated Burden Table by Phase—All Four Years (2011–2014) due to rounding.

Written comments and recommendations concerning the proposed information collection should be sent by August 24, 2011 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–7285.

Dated: July 15, 2011.

Elaine Parry,

Director, Office of Management, Technology and Operations.

[FR Doc. 2011–18760 Filed 7–22–11; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2011 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of intent to award a Single Source supplement to the National Center for Child Traumatic Stress.

SUMMARY: This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) intends to award approximately \$1,000,000 (total costs) for up to one year to the National Center for Child Traumatic Stress.

This is not a formal request for applications. Supplement will be provided only to National Center for Child Traumatic Stress based on the receipt of a satisfactory application that is approved by an independent review group.

Funding Opportunity Title: SM–11–010.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 582 of the Public Health Service Act, as amended.

Justification: Only an application from National Center for Child Traumatic Stress will be considered for funding under this announcement. The National Center for Child Traumatic Stress is the sole entity providing coordination, expertise, training and technical assistance to the National Child Traumatic Stress Network (NCTSN). It is through this Network that the National Center will work to further develop, train, and evaluate screening, assessment and intervention activities and programs that are adapted to fit child welfare and juvenile justice system operation.

The purpose of this 1-year supplement is to promote and facilitate the development of trauma-informed child welfare and juvenile justice service systems. This work will be done in partnership with child welfare and juvenile justice agencies to improve the response of these agencies for children and adolescents in their systems that have experienced significant traumas.

The NCCTS will support Network efforts to further develop, train, and evaluate screening, assessment and intervention activities and programs that are adapted to fit child welfare and juvenile justice system operations. Activities supported by this supplement will build on prior Network activities with grantees who are already engaged in developing trauma-informed awareness and practices in the child welfare and juvenile justice systems.

FOR FURTHER INFORMATION CONTACT: Shelly Hara, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Room 8–1095, Rockville, MD 20857; telephone: (240)

276–2321; E-mail: shelly.hara@samhsa.hhs.gov.

Janine D. Cook,
SAMHSA.

[FR Doc. 2011–18671 Filed 7–22–11; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2011 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of intent to award a Single Source Grant to the Education Development Resource Center, Inc., Newton, Massachusetts.

SUMMARY: This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) intends to award approximately \$1,000,000 (total costs) per year for up to one year to the Education Development Resource Center, Inc. Newton, Massachusetts. This is not a formal request for applications. Assistance will be provided only to the Education Development Resource Center, Inc. based on the receipt of a satisfactory application that is approved by an independent review group.

Funding Opportunity Title: SM–11–014.

Catalog Of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 520C of the Public Health Service Act, as amended.

Justification: The purpose of this one-year supplement to the SPRC is to expand and enhance the level of support provided to the National Action Alliance for Suicide Prevention (Action Alliance). This supplement will expand