

AW9) (1) Provides support for resource activities and research to identify, develop, characterize, and improve animal models for the study of human disease; (2) assists institutions in complying with the regulations and policies related to care and use of laboratory animals, and supports the purchase of equipment for animal resources, transgenic animal resources, and similar activities; (3) provides high-quality, disease-free animal models and specialized animal research facilities for biomedical investigators; (4) supports the development of and access to a wide range of research models, including vertebrate and invertebrate species; (5) provides access for biomedical researchers to an array of biological materials and human biospecimens; (6) supports research activities at National Primate Research Centers; (7) develops and implements policies and provides programmatic oversight for the NIH Chimpanzee Management Program (ChiMP); (8) provides a chimpanzee sanctuary for the lifetime care of chimpanzees no longer needed for biomedical research; (9) supports training and career development for veterinarians engaged in research; (10) provides repositories for the storage and distribution of genetically altered animal models; (11) supports the breeding of and accessibility to scarce research animals; (12) supports grants for the acquisition of state-of-the-art instrumentation and integrated instrument systems; (13) provides support for human tissue and organ research resources to meet the needs of biomedical researchers, including those in academia, government, and industry; (14) supports grants to expand, remodel, renovate, or alter existing research facilities or to construct new research facilities, including to improve laboratory animal facilities; and (15) coordinates science education activities at the NIH, plans, develops, and coordinates a comprehensive science education program to improve science literacy in both adults and children and to attract young people to biomedical and behavioral science careers; and develops and supports grants designed to improve life science literacy throughout the nation through educational programs.

Division of Comparative Medicine (DCM) (N AW92, formerly, HN AW92) (1) Provides high-quality, disease-free animal models and specialized animal research facilities for biomedical investigators; (2) supports the development of and access to a wide range of research models, including vertebrate and invertebrate species; (3)

provides access for biomedical researchers to an array of biological materials and human biospecimens; (4) supports research activities at National Primate Research Centers; (5) develops and implements policies and provides programmatic oversight for the NIH Chimpanzee Management Program (ChiMP); (6) provides a chimpanzee sanctuary for the lifetime care of research chimpanzees that are no longer needed for biomedical research; (7) supports the identification and development of new and improved animal models for the study of human diseases; (8) supports improvement of the health and well-being of laboratory animals; (9) supports training and career development for veterinarians engaged in research; (10) provides repositories for the storage and distribution of genetically altered animal models; and (11) supports the breeding of and accessibility to scarce research animals.

Division of Instruments, Infrastructure Resources, and Construction (DIIRC) (N AW93, formerly, HN AW93) (1) Supports programs to expand the Nation's capacity for the conduct of biomedical research; (2) supports grants for the acquisition of state-of-the-art instrumentation and integrated instrument systems; (3) provides support for human tissue and organ research resources to meet the needs of biomedical researchers, including those in academia, government, and industry; and (4) supports grants to expand, remodel, renovate, or alter existing research facilities or to construct new research facilities, including to improve laboratory animal facilities.

Office of Science Education (OSE) (N AW94, formerly, HN AW94) (1) Plans, develops, and coordinates a comprehensive science education program to improve science literacy in both adults and children and to attract young people to biomedical and behavioral science careers; (2) develops and directs an extensive set of education initiatives in the medical sciences targeted to students in grades K–16, educators, and the public; (3) advises NIH leadership on science education issues; (4) conducts, analyzes, and assesses research related to science education; (5) collaborates within the NIH and with public and private sector organizations to develop and coordinate science education activities; and (6) serves as an information resource center providing access to educational materials and activities related to medical science.

Delegations of Authority Statement: All delegations and redelegations of authority to officers and employees of NIH that were in effect immediately

prior to the effective date of this reorganization and are consistent with this reorganization shall continue in effect, pending further redelegation.

Dated: December 30, 2011.

Francis S. Collins,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: State Court Improvement Program.

OMB No.: 0970–0307.

Description: From the funds appropriated for the Promoting Safe and Stable Families Program (PSSF), \$10 million is reserved annually for each of three grants to facilitate the State Court Improvement Program (CIP) to facilitate court improvement in the handling of child abuse and neglect cases.

The Court Improvement Program (CIP) is composed of three grants, the basic, data, and training grants, governed by two separate Program Instructions (PIs). The training and data grants are governed by the “new grant” PI and the basic grant is governed by the “basic grant” PI. Current PIs require separate applications and program assessment reports for each grant. Every State applies for at least two of the grants annually and most States apply for all three. As many of the application requirements are the same for all three grants, this results in duplicative work and high degrees of repetition for State courts applying for more than one CIP grant.

The purpose of this Program Instruction is to streamline and simplify the application and reporting processes by consolidating the PIs into one single PI and requiring one single, consolidated application package and program assessment report per State court annually. These revisions will satisfy statutory programmatic requirements and reduce both the number of required responses and associated total burden hours for State courts. This new PI also describes programmatic and fiscal provisions and reporting requirements for the grants, specifies the application submittal and approval procedures for the grants for fiscal years 2012 through 2015, and identifies technical resources for use by State courts during the course of the

grants. The agency uses the information received to ensure compliance with the statute and provide training and

technical assistance to the grantees.
Respondents: State Courts.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application	52	1	92	4,784
Annual Reports	52	1	86	4,472

Estimated Total Annual Burden Hours: 9,256.

In compliance with the requirements of Section 3506(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. Email address: 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 collection of information is 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-0165.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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: Assessing Factors That Impact AIDS Drug Assistance Program (ADAP) Enrollment and Management in the Face of ADAP Waiting Lists (OMB No. 0915-xxxx)—[New]

HRSA's AIDS Drug Assistance Program (ADAP) provides assistance to

help low-income, uninsured and underinsured individuals living with HIV/AIDS to access life-saving medications. As part of the Ryan White HIV/AIDS Program, ADAP is the Payer of Last Resort. Clients enrolled in ADAP have exhausted all other resources to obtain the necessary medications and care. In recent years, ADAP has experienced an increase in enrollment while funding resources have decreased.

This study will use case study methods to identify and examine factors that contribute to the rising enrollments in ADAP and the states' abilities to meet the demands for ADAP services. Data collection will include interviews with up to eight respondents in each of eight selected states, for a maximum of 64 total respondents. Each interview will last approximately 1.5 hours. The respondents will fall into three general categories—ADAP personnel, state HIV/AIDS program leads, and personnel from related state and local programs, such as Medicaid and pharmacy assistance programs. Interviews will be conducted over a period of 2.5 months.

The study will assess factors that may contribute to the rise in ADAP enrollment and costs such as new HIV cases, earlier use of antiretroviral medications, lower attrition of existing clients, unemployment and loss of insurance, or increasing drug costs. In addition, the study will examine factors that may decrease ADAP costs, such as health care reform and cost containment strategies. Findings from the study will be used to develop policy and to recommend promising practices for managing state ADAPs.

The annual estimate of burden is as follows: