

and the private sector. The topics to be addressed during the one- to two-hour interviews include an overview of the initiative and descriptions of stakeholder involvement, evaluation plans, and funding. The lead administrator for each program initiative will also provide the information needed to coordinate the site visit and interviews.

Results will be used to identify local achievements and promising practices in nutrition, physical activity, and obesity prevention; to provide feedback and technical assistance to each initiative's developers, implementers and managers; and to assess the evaluation readiness of promising initiatives.

Up to 23 program initiatives will be selected for pre-assessment evaluation over a two-year period. OMB approval is requested for two years. Site visits will be conducted with an average of 12 programs per year. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 291.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Nominator .....	Nomination Form .....	51	1	1
Lead Administrator .....	Site Visit Availability Calendar .....	12	1	1
	Suggested Interviewees Form .....	12	1	1
	Site Visit Schedule Instructions and Template.	12	1	5
	Interview Guide for Lead Administrator .....	12	1	2
Evaluator .....	Interview Guide for Evaluator .....	12	1	1
Program Staff .....	Interview Guide for Program Staff .....	36	1	1
Public Sector Partners (State, Local and Tribal Govt. Partners).	Interview Guide for Public and Private Sector Partners/Other Stakeholders.	48	1	1
Private Sector Partners .....	Interview Guide for Public and Private Sector Partners/Other Stakeholders.	36	1	1

Dated: January 12, 2012.

**Kimberly Lane,**

*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

[Docket No. CDC-2012-0001]

#### Request for Information on Youth Violence

**AGENCY:** Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

**ACTION:** Request for information.

**SUMMARY:** The Centers for Disease Control and Prevention, is seeking on behalf of the Department of Health and Human Services information for an anticipated Surgeon General response to the public health problem of youth violence.

**DATES:** Individuals and organizations interested in providing information must submit their comments on/or before February 21, 2012. Comments received after this date will not be considered.

**ADDRESSES:** Comments may be submitted by any one of the following methods:

- **Internet:** Electronic comments may be sent via <http://www.regulations.gov>, docket control number CDC-2012-0001. Please follow the directions on the site to submit comments; or
- **Mail:** Comments may also be sent by mail to the attention of Keshia Offutt, Office of Policy, Planning, and Evaluation, National Center for Injury Prevention and Control, CDC, 4770 Buford Hwy., Mail Stop F-63, Atlanta, GA 30341.

All relevant comments will be posted without change to <http://www.regulations.gov> including any personal information provided.

**FOR FURTHER INFORMATION CONTACT:**

Lesley M. Russell BSc (Hons), BA, Ph.D., Senior Public Health Advisor for Outreach and Policy, Office of the US Surgeon General, by telephone at (202) 401-9586, or email at [Lesley.Russell@hhs.gov](mailto:Lesley.Russell@hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Scope of Problem:** Youth violence is a significant public health problem with the potential for immediate and lifelong harmful consequences. Although rates of youth violence have dropped since the peak levels in the early 1990s, risk for youth violence remains unacceptably high. Each day, an average of 16 young people between the ages of 10 and 24 years fall victim to homicide and another 1,700 are treated in

emergency departments for nonfatal injuries from physical assaults. Youth violence also is associated with high rates of emotional and social difficulties, alcohol and substance use, and academic failure. The damage resulting from youth violence extends beyond the young perpetrators and victims. Violence can increase a community's health care costs, decrease property values, and disrupt social services. Each year, youth homicides and assault-related injuries result in an estimated \$14.1 billion in combined medical and work loss costs. These losses and expenditures deprive us of our next generation of healthy and productive citizens and restrict our opportunities to invest in other areas that our nation views as critical.

**Approach:** The Office of the Surgeon General is interested in increasing attention to the issue of youth violence in the United States and the science that demonstrates youth violence can be prevented from occurring. This document would build on the 2001 Surgeon General's report on youth violence along with 10 years of experience in the field to help our nation understand the causes and impacts of youth violence and how to prevent it from occurring in the first place.

**Potential Areas of Focus:** CDC is interested in receiving information on the following:

(1) What is the extent of the problem and its consequences.

(2) What are the differences in youth violence prevalence among subgroups and communities and how might they inform prevention approaches.

(3) What is the availability and adaptability of evidence-based prevention programs.

**Purpose of Notice:** The purpose of this notice is to provide individuals and organizations the opportunity to identify issues and areas of need for consideration as we gather information to inform the Surgeon General's document on youth violence. All comments will receive careful consideration.

Dated: January 5, 2012.

**Tanja Popovic,**

*Deputy Associate Director for Science, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Tribal Consultation; Notice of Meeting

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice of Tribal Consultation.

**SUMMARY:** The Department of Health and Human Services (HHS), Administration for Children and Families (ACF) will host a Tribal Consultation to consult on ACF programs and tribal priorities.

**DATES:** March 5-6, 2012.

**ADDRESSES:** Renaissance Hotel, 999 9th Street NW., Washington, DC 20001.

**FOR FURTHER INFORMATION CONTACT:**

Lillian A. Sparks, Commissioner, Administration for Native Americans at (202) 401-5590, by email at [Lillian.sparks@acf.hhs.gov](mailto:Lillian.sparks@acf.hhs.gov), or by mail at 370 L'Enfant Promenade SW., 2 West, Washington, DC 20447.

**SUPPLEMENTARY INFORMATION:** On November 5, 2009, President Obama signed the "Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation." The President stated that his Administration is committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications, including, as an initial step, through complete and consistent implementation of Executive Order 13175.

The United States has a unique legal and political relationship with Indian

tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of Federal policies that have tribal implications, and are responsible for strengthening the government-to-government relationship between the United States and Indian tribes.

HHS has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade, including the initial implementation of a Department-wide policy on tribal consultation and coordination in 1997, and through multiple evaluations and revisions of that policy, most recently in 2008. Many HHS agencies have already developed their own agency-specific consultation policies that complement the Department-wide efforts.

In August 2011, ACF issued its Consultation Policy in partnership with tribes. This policy will help our program offices and program office regional presence to better engage Federally Recognized Indian Tribes in the development or revision of policies, regulations, and proposed legislation that impact American Indians. ACF firmly believes that in order to create a good working relationship with tribes, it starts with requesting and receiving input from the tribes to ensure that we are meeting their needs and to establish a partnership that can carry us into the future.

Testimonies may be submitted no later than February 24, 2012, to: Lillian Sparks, Commissioner, Administration for Native Americans, 370 L'Enfant Promenade SW., Washington, DC 20447. [anacommissioner@acf.hhs.gov](mailto:anacommissioner@acf.hhs.gov).

However, this deadline does not preclude anyone from providing testimony at the session and we will, to the extent that time allows, hear your testimony. If you plan on attending to present your testimony, please provide the name, title, and tribe of the individual who will be presenting to Kimberly Romine. Ms. Romine may be reached at [Kimberly.romine@acf.hhs.gov](mailto:Kimberly.romine@acf.hhs.gov) or by phone at (202) 205-5603. In order to facilitate the discussion, we ask that presenters provide a brief overview of the testimony and include the specific issues to be addressed at the session. For any tribe unable to attend to present testimony, please be aware that ACF will keep the testimony record open for

30 days after the date of the consultation. After 30 days, ACF will provide written responses to all testimonies received, including those that were presented in person. To register for the consultation, please submit your name, tribe or organization, phone, and email address to Ms. Romine.

In addition to the Tribal Consultation session, ACF will be hosting a half day Tribal Training and Technical Assistance session to provide information about ACF programs, and ACF's Integration and Interoperability Initiative. The Tribal Training and Technical Assistance session will be held the morning of March 5, 2012, in the same room as the Tribal Consultation session.

Dated: January 11, 2012.

**George H. Sheldon,**

*Acting Assistant Secretary for Children and Families.*

[FR Doc. 2012-1009 Filed 1-18-12; 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, email [paperwork@hrsa.gov](mailto: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: Data System for Organ Procurement and Transplantation Network and Associated Forms (OMB No. 0915-0157)—Extension

Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). The OPTN, among other responsibilities, operates and maintains a national waiting list of