

Type of requirement and regulatory citation	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Application for Compliance Alternatives:					
Public Facilities (124.513)	4	1	4	6.00	24.00
Small Obligation Facilities (124.514(c))	0	.....	.....	.....	.....
Charitable Facilities (124.516(c))	2	1	2	6.00	12.00
Annual Certification for Compliance Alternatives:					
Public Facilities (124.509(b))	32	1	32	0.50	16.00
Charitable Facilities (124.509(b))	13	1	13	0.50	6.50
Small Obligation Facilities (124.509(c))	0	.....	.....	.....	.....
Complaint Information (124.511(a)):					
Individuals	10	1	10	0.25	2.50
Facilities	10	1	10	0.50	5.00
SUBTOTAL REPORTING BURDEN .....	.....	.....	.....	.....	176.00

Recordkeeping	Number of record keepers	Hours per year	Total burden hours
Non-alternative Facilities (124.510(a))	63	50	3,150.00
SUBTOTAL RECORDKEEPING BURDEN .....	.....	.....	3,150.00

Email comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 7, 2012.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2012-3281 Filed 2-10-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Infant Mortality; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: Advisory Committee on Infant Mortality (ACIM).

Dates and Times: March 8, 2012, 8:30 a.m.–6 p.m.; March 9, 2012, 8:30 a.m.–3 p.m.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814, (301) 657-1234.

Status: The meeting is open to the public with attendance limited to space availability.

Purpose: The Committee provides advice and recommendations to the Secretary of Health and Human Services on the following: Department of Health and Human Services' programs that

focus on reducing infant mortality and improving the health status of infants and pregnant women; and factors affecting the continuum of care with respect to maternal and child health care. It includes outcomes following childbirth; strategies to coordinate the myriad of Federal, State, local and private programs and efforts that are designed to deal with the health and social problems impacting on infant mortality; and the implementation of the Healthy Start program and *Healthy People 2020* infant mortality objectives.

Agenda: Topics that will be discussed include the following: A Health Resources and Services Administration (HRSA) update; a Maternal and Child Health Bureau (MCHB) update; an update from the Committee's four workgroups; updates from the Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention; a report from the HRSA/MCHB Regions IV and VI Infant Mortality Summit; Presidential Challenge from the Association of State and Territorial Health Officials; a State-level presentation on activities related to reducing infant mortality; and, Improvement Science. Proposed agenda items are subject to change as priorities dictate.

Time will be provided for public comments, but will be limited to five minutes each. Comments are to be submitted in writing no later than 5 p.m. ET on February 24, 2012.

For Additional Information or to Submit Public Comments: Please contact: David S. de la Cruz, Ph.D., M.P.H., HRSA, SACIM Designated Federal Official, Maternal and Child Health Bureau; telephone: (301) 443-

0543; email:

David.delaCruz@hrsa.hhs.gov.

Dated: February 7, 2012.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2012-3286 Filed 2-10-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 76 FR 77840-778411 dated December 14 2011).

This notice reflects organizational changes to the Health Resources and Services Administration. Specifically, this notice updates the functional statement for the Office of Planning, Analysis and Evaluation (RA5): (1) Establish the Office of External Engagement (RA57); (2) transfer some of the functions currently within the Office of Policy Analysis (RA53) into the newly established Office of External Engagement (RA57) and; (3) transfer one of the functions currently within the Office of Policy Analysis (RA53) into the Office of the Director (RA5).

Chapter RA5—Office of Planning, Analysis and Evaluation

Section RA5–10, Organization

Delete in its entirety and replace with the following:

The Office of Planning, Analysis and Evaluation (RA5) is headed by the Director, who reports directly to the Administrator, Health Resources and Services Administration. The Office of Planning, Analysis and Evaluation (RA5) includes the following components:

- (1) Office of the Director (RA5);
- (2) Office of Policy Analysis (RA53);
- (3) Office of Research and Evaluation (RA56); and
- (4) Office of External Engagement (RA57).

Section RA5–20, Functions

(1) Delete the functional statement for the Office of Planning, Analysis and Evaluation (RA5) and replace in its entirety.

Office of the Director (RA5)

(1) Provides Agency-wide leadership for policy development, data collection and management, major analytic activities, research, and evaluation; (2) develops HRSA-wide policies; (3) participates with HRSA organizations in developing strategic plans for their component; (4) coordinates the Agency's long term strategic planning process; (5) conducts and/or guides analyses, research, and program evaluation; (6) develops annual performance plans; (7) analyzes budgetary data with regard to planning guidelines; (8) develops and produces performance reports required under the Government Performance and Accountability Report and OMB; (9) coordinates the Agency's participation in Department and Federal initiatives; (10) as requested, develops, implements, and coordinates policy processes for the agency for key major cross-cutting policy issues; (11) facilitates policy development by maintaining analytic liaison between the Administrator, other OPDIVs, Office of the Secretary staff components, and other Departments on critical matters involving program policy undertaken in the Agency; (12) provides data analyses, graphics presentations, briefing materials, and analyses on short notice to support the immediate needs of the Administrator and Senior Leadership; (13) conducts special studies and analyses and/or provides analytic support and information to the Administrator and Senior Leadership needed to support the Agency's goals and directions; and (14) collaborates with Office of

Operations in the development of budgets, performance plans, and other administration reporting requirements.

Office of Policy Analysis (RA53)

(1) Serves as the principal Agency resource for policy analysis; (2) analyzes issues arising from legislation, budget proposals, regulatory actions, and other program or policy actions; (3) serves as focal point within HRSA for analysis of healthcare payment systems and financing issues; (4) collaborates with HHS Agencies to examine the impact of Medicare, Medicaid, and Children's Health Insurance Program (CHIP) on HRSA grantees and safety net providers; and (5) provides Agency leadership guidance on policy development.

Office of Research and Evaluation (RA56)

(1) Serves as the principal source of leadership and advice on program information and research; (2) analyzes and coordinates the Agency's need for information and data for use in the management and direction of Agency programs; (3) manages an Agency-wide information and data group as well as an Agency-wide research group; (4) maintains an inventory of HRSA databases; (5) provides technical assistance to HRSA staff in database development, maintenance, analysis, and distribution; (6) promotes the availability of HRSA data through web sites and other on-line applications; (7) conducts, oversees, and fosters high quality research across HRSA programmatic interests; (8) develops an annual research agenda for the Agency; (9) conducts, leads, and/or participates with HRSA staff in the development of research and demonstration projects; (10) coordinates HRSA participation in institutional review boards and the protection of human subjects; (11) conducts, guides, and/or participates in major program evaluation efforts and prepares reports on HRSA program efficiencies; and (12) manages HRSA activity related to the Paperwork Reduction Act, and other OMB policies.

Office of External Engagement (RA57)

(1) Serves as the principal Agency resource for facilitating external engagement; (2) coordinates the Agency's intergovernmental activities; (3) provides the Administrator with a single point of contact on all activities related to important state and local government, stakeholder association, and interest group activities; (4) coordinates Agency cross-Bureau cooperative agreements and activities with organizations such as the National Governors Association, National

Conference of State Legislature, Association of State and Territorial Health Officials, National Association of Counties, and National Association of County and City Health Officials; (5) interacts with various commissions such as the Delta Regional Authority, Appalachian Regional Commission, and on the Denali Commission; (6) serves as the primary liaison to Department intergovernmental staff; and (7) serves as the coordinator for the Government Accountability Office and reports on HRSA programs and activities.

Section RA5–30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: February 2, 2012.

Mary K. Wakefield,
Administrator.

[FR Doc. 2012–3271 Filed 2–10–12; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–4052–DR; Docket ID FEMA–2012–0002]

Alabama; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of Alabama (FEMA–4052–DR), dated February 1, 2012, and related determinations.

DATES: *Effective Date:* February 1, 2012.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated February 1, 2012, the President issued a major disaster declaration under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 *et seq.* (the “Stafford Act”), as follows: