

the use of appropriate technological collection techniques or other forms of information technology.

**DATES:** Submit comments on or before April 23, 2012.

**ADDRESSES:** Submit comments identified by Information Collection 9000–0043, Delivery Schedules by any of the following methods:

- *Regulations.gov:* <http://www.regulations.gov>. Submit comments via the Federal eRulemaking portal by inputting “Information Collection 9000–0043, Delivery Schedules” under the heading “Enter Keyword or ID” and selecting “Search”. Select the link “Submit a Comment” that corresponds with “Information Collection 9000–0043, Delivery Schedules”. Follow the instructions provided at the “Submit a Comment” screen. Please include your name, company name (if any), and “Information Collection 9000–0043, Delivery Schedules” on your attached document.

- *Fax:* 202–501–4067.

- *Mail:* General Services

Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417. Attn: Hada Flowers/IC 9000–0043, Delivery Schedules.

*Instructions:* Please submit comments only and cite Information Collection 9000–0043, Delivery Schedules, in all correspondence related to this collection. All comments received will be posted without change to <http://www.regulations.gov>, including any personal and/or business confidential information provided.

**FOR FURTHER INFORMATION CONTACT:** Mr. Anthony Robinson, Procurement Analyst, Federal Acquisition Policy Division, GSA (202) 501–2568 or via email at [Anthony.robinson@gsa.gov](mailto:Anthony.robinson@gsa.gov).

**SUPPLEMENTARY INFORMATION:**

**A. Purpose**

The time of delivery or performance is an essential contract element and must be clearly stated in solicitations and contracts. The contracting officer may set forth a required delivery schedule or may allow an offeror to propose an alternate delivery schedule, for other than those for construction and architect-engineering, by inserting in solicitations and contracts a clause substantially the same as either FAR 52.211–8, Time of Delivery, or FAR 52.211–9, Desired and Required Time of Delivery. The information is needed to assure supplies or services are obtained in a timely manner.

**B. Annual Reporting Burden**

*Respondents:* 3,440.

*Responses per Respondent:* 5.

*Annual Responses:* 17,200.

*Hours per Response:* .167.

*Total Burden Hours:* 2,872.

*Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street NE., Washington, DC 20417, telephone (202) 501–4755. Please cite OMB Control No. 9000–0043, Delivery Schedules, in all correspondence.

Dated: February 14, 2012.

**Laura Auletta,**

*Director, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.*

[FR Doc. 2012–4088 Filed 2–21–12; 8:45 am]

**BILLING CODE 6820–EP–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**[Document Identifier: OS–0990–0376; 30-day notice]**

**Agency Information Collection Request; 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance

Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

*Proposed Project:* Generic Clearance for Communications Testing for Comprehensive Communication Campaign for HITECH Act—Revision—OMB No. 0990–0376—Office of the National Coordinator for Health Information Technology (ONC).

*Abstract:* As part of the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, ONC is proposing to conduct a nationwide communication campaign to meet the Congressional mandate to educate the public about privacy and security of electronically exchanged personal health information. ONC requires formative and process information about different segments of the public to conduct the campaign effectively. Data collection will occur continuously through the 24 months of the campaign and be used to inform campaign strategies, messages, materials and Web sites. Due to the growing use of mobile devices in exchanging personal health information electronically, ONC is proposing a revision of the currently approved collection to increase focus group burden hours and explore consumer attitudes and preferences regarding the communication of personal health information electronically using mobile devices. Additionally, an increase in burden hours is necessary to understand attitudes and preferences regarding how privacy and security information is presented to consumers electronically. ONC is collaborating with the HHS Office of Civil Rights to oversee the education and communication activities to build approval for HIT adoption and meaningful use, educate the public about privacy and security and increase participation in health information exchange.

Electronic health information exchange promises an array of potential benefits for individuals and the U.S. health care system through improved health care quality, safety, and efficiency. At the same time, this environment also poses new challenges and opportunities for protecting health information, including methods for individuals to engage with their health care providers and affect how their health information may be exchanged.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Focus Group .....	General Public .....	621	1	1.5	932
Focus Group screening .....	General Public .....	5,544	1	10/60	924
Web usability testing .....	General Public .....	144	1	1.5	216
Web usability screening .....	General Public .....	2,160	1	10/60	360
Self-Administered Surveys .....	General Public .....	2,000	1	15/60	500
Self-Administered survey screening.	General Public .....	8,000	1	10/60	1,333
Omnibus Surveys .....	General Public .....	2,000	1	10/60	333
Cognitive testing .....	General Public .....	25	1	2	50
Focus Group .....	Health Professional .....	288	1	1.5	432
Screening .....	Health Professional .....	4,320	1	10/60	720
Web usability testing .....	Health Professional .....	144	1	1.5	216
Screening .....	Health Professional .....	2,160	1	10/60	360
Self-Administered Surveys .....	Health Professional .....	2,000	1	15/60	500
Screening .....	Health Professional .....	8,000	1	10/60	1,333
Omnibus Surveys .....	Health Professional .....	2,000	1	10/60	333
In-Depth Interviews .....	Health Professional .....	100	1	45/60	75
Screening .....	Health Professional .....	1,000	1	10/60	167
<b>Total (Overall) .....</b>	.....	<b>40,506</b>	.....	.....	<b>8,784</b>

**Keith A. Tucker,**  
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2012-4033 Filed 2-21-12; 8:45 am]

**BILLING CODE P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Title:* Permanency Innovations Initiative Evaluation: Phase I.

*OMB No.:* New collection.

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) intends to collect data for an evaluation of the Permanency Innovations Initiative (PII). This 5-year initiative, funded by the Children's Bureau (CB) within ACF, is intended to build the evidence base for innovative interventions that enhance well-being and improve permanency outcomes for

particular groups of children and youth who are at risk for long-term foster care and who experience the most serious barriers to timely permanency.

Six grantees are funded to identify local barriers to permanent placement and implement innovative strategies that mitigate or eliminate those barriers and reduce the likelihood that children will remain in foster care for three years or longer. The first year of the initiative focused on clarifying grantees' target populations and intervention programs. In addition, evaluation plans were developed to support rigorous site-specific and cross-site studies to document the implementation and effectiveness of the grantees' projects and the initiative overall.

Data collection for the PII evaluation includes a number of components being launched at different points in time. The purpose of the current document is to request approval of data collection efforts needed for a first phase of data collection and to request a waiver for subsequent 60 day notices for later components of the evaluation. The first phase includes data collection for a

cross-site implementation evaluation and site-specific evaluations of two PII grantees (Washoe County, Nevada, and the State of Kansas) that will begin implementing interventions during the second year of the PII grant period. The second phase includes a cost evaluation and site-specific evaluations of four PII grantees expected to implement interventions in the third year of the PII grant period.

Data for the evaluations will be collected through: (1) Direct assessment of caregivers; (2) service providers' clinical assessments of children and families; (3) interviews and focus groups with grantee staff during site visits and through telephone interviews; (4) web-based data collection from service providers and key informants; and (5) retrieval and submission of data from grantee data systems.

*Respondents:* Children and their parents or permanent or foster caregivers, caseworkers, supervisors, service providers, and key informants such as grantee project directors, data managers, and representatives of partner agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
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CROSS-SITE IMPLEMENTATION STUDY

Baseline Survey of Organization/System Readiness .....	60	1	.75	45
Implementation Drivers Web Survey .....	150	2.0	.75	225
Grantee Case Study Field Visit Discussion Guide .....	60	1	2.0	120
Fidelity Data (Implementation Quotient Tracker) .....	2	8	1.5	24