

Reporting requirement	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
<b>REGISTRATIONS AND RECERTIFICATIONS FOR ENTITIES OTHER THAN HOSPITALS</b>					
340B Registrations for Community Health Centers .....	253	1	253	1.0	253.0
340B Registrations for Family Planning Programs, STD/ TB Clinics and Various Other Eligible Entity Types ....	353	1	353	1.0	353.0
Community Health Center Annual Recertification .....	4,507	1	4,507	0.5	2,253.5
Family Planning Annual Recertification .....	3,879	1	3,879	0.5	1,939.5
STD & TB Annual Recertification .....	2,754	1	2,754	0.5	1,377.0
Annual Recertification for entities other than Hospitals, Community Health Centers, Family Planning, STD or TB Clinics .....	1,174	1	1,174	0.5	587.0
<b>CONTRACTED PHARMACY SERVICES REGISTRATIONS</b>					
Contracted Pharmacy Services Registration .....	2500	1	2500	1.0	2500.0
<b>OTHER INFORMATION COLLECTIONS</b>					
Submission of Administrative Changes for any Covered Entity .....	2,500	1	2,500	0.5	1,250.0
Submission of Administrative Changes for any Manufac- turer .....	350	1	350	0.5	175.0
Pharmaceutical Pricing Agreement .....	200	1	200	1.0	200.0
Total .....	24,464	.....	24,464	.....	14,704.0

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: July 16, 2012.

**Jennifer Riggle,**

*Deputy Director, Office of Management.*

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**BILLING CODE 4165-15-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) 443-1984.

The following request has been submitted to the Office of Management

and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: Faculty Loan Repayment Program (OMB No. 0915-0150)—[Revision]**

Under the Health Resources and Services Administration (HRSA) Faculty Loan Repayment Program, degree-trained health professionals from disadvantaged backgrounds may enter into a contract under which the Department of Health and Human Services will make payments on eligible educational loans in exchange for a minimum of 2 years of service as a full-time or part-time faculty member of an accredited health professions college or university. Applicants must complete an application and provide all other required documentation, including information on all eligible educational loans.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Online Application .....	304	1	304	1	304
Institution/Loan Repayment Employment Form .....	* 304	* 1	304	1	304
Authorization to Release Information Form .....	304	1	304	.25	76
Total .....	912	.....	.....	.....	684

\*Respondent for this form is the institution for the applicant.

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the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202-395-6974. Please direct all

correspondence to the "attention of the desk officer for HRSA."

Dated: July 12, 2012.  
**Jennifer Riggle,**  
*Deputy Director, Office of Management.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

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

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The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: The Health Education Assistance Loan (HEAL) Program: Forms (OMB No. 0915-0034)—[Revision]**

The Health Education Assistance Loan (HEAL) program provided federally insured loans to assure the availability of funds for loans to eligible students to pay for their education costs.

In order to administer and monitor the HEAL program the following forms are utilized: the Lenders Application for Contract of Federal Loan Insurance form (used by lenders to make application to the HEAL insurance program); the Borrower's Deferment Request form (used by borrowers to request deferments on HEAL loans and used by lenders to determine borrower's eligibility for deferment); the Borrower Loan Status update electronic submission (submitted monthly by lenders to the Secretary on the status of each loan); and the Loan Purchase/Consolidation electronic submission (submitted by lenders to the Secretary to report sales, and purchases of HEAL loans).

The annual estimate of burden is as follows:

HRSA Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Lender's Application for Contract of Federal Loan Insurance .....	15	1.00	15	0.133	2.00
Borrower's Deferment Request:					
Borrowers .....	28	1.00	28	0.166	5.00
Employers .....	23	1.21	28	0.083	3.00
Borrower Loan Status Update .....	5	15.00	75	0.166	13.00
Loan Purchase/Consolidation .....	2	2.50	5	0.066	0.33
<b>TOTAL .....</b>	<b>73</b>	<b>.....</b>	<b>151</b>	<b>.....</b>	<b>23.33</b>

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: July 12, 2012.  
**Jennifer Riggle,**  
*Deputy Director, Office of Management.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Proposed Change in State Title V Maternal and Child Health Block Grant Allocations**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice seeks comments on proposed changes in the State

Title V Maternal and Child Health (MCH) Block Grant allocations. Through the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), Title V MCH Block Grant funds are allocated to States based in part on a calculation of the number of children living in poverty (in an individual State) as compared to the total number of children living in poverty in the United States, using data for the number of children in poverty in each State from the U.S. Census Bureau's official decennial census. As the Census Bureau has replaced the decennial census long-form sample questionnaire with the American Community Survey (ACS), MCHB likewise plans to use the ACS as its source for this data. The ACS offers broad, comprehensive information on social, economic, and housing data and is designed to provide this information at many levels of geography. ACS child poverty estimates are produced annually and will allow the Block Grant allocation proportions to be updated more frequently than every 10 years. The Census Bureau produces annual State-level poverty estimates based on the most recent 1, 3, and 5 years of ACS data as well as annual model-based Small Area Income and Poverty

Estimates (SAIPE). It is proposed that MCHB implement annual changes to the State Title V MCH Block Grant allocations using the 3-year ACS poverty estimates, wherein each annual change is buffered by sharing 2 of 3 data years in a 3-year rolling period estimate.

**DATES:** Interested persons are invited to comment on this proposed change. Submit written comments no later than September 18, 2012. All comments received on or before this date will be considered.

**ADDRESSES:** All written comments concerning this notice should be submitted to Cassie Lauver, Director, Division of State and Community Health, at the contact information below.

**FOR FURTHER INFORMATION CONTACT:** Anyone requesting additional details should contact Cassie Lauver, Health Resources and Services Administration, Maternal and Child Health Bureau. Ms. Lauver may be reached in one of the three following methods: (1) Via a written request addressed to: Ms. Cassie Lauver, Health Resources and Services Administration, Maternal and Child Health Bureau, Parklawn Building, Room 18-31, 5600 Fishers Lane, Rockville, Maryland 20857; (2) via