

address public health needs of cancer survivors; (4) implement policies, systems, and environmental changes to guide sustainable cancer control; (5) promote health equity as it relates to cancer control; and (6) demonstrate outcomes through evaluation. In the summer of 2010, the six priorities were shared with the CCC program directors, and they were asked to integrate and emphasize the priorities in their updated cancer plans. The six priorities were also incorporated in the new five-year coordinated cooperative agreement, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations.

CDC is requesting information needed to (1) evaluate the extent to which CCC programs are implementing the six NCCCP priorities, and (2) evaluate existing evaluation capacity building tools and revise tools as needed to support the implementation of NCCCP priorities. The information collection will include a web-based survey of NCCCP grantee program directors, as well as multiple focus groups with NCCCP grantee program directors and evaluators.

The planned information collection activities are designed to address specific evaluation questions, including: What factors facilitate implementation of the NCCCP priorities?; What common barriers do grantees experience in efforts to implement the NCCCP priorities?; How has CDC supported grantee efforts to implement the NCCCP priorities?; and What additional resources are needed to support grantees' efforts to implement the NCCCP priorities?

CDC plans to conduct a web survey of all 69 NCCCP grantee program directors from the 50 states, the District of Columbia, seven tribes and tribal organizations, and seven U.S. Associated Pacific Islands/territories. The survey will include questions that address both evaluation focus areas: (1) NCCCP priorities and (2) CCCB capacity building tools. The program directors will be asked to provide information about the utilization and usefulness of the Comprehensive Cancer Control Branch (CCCB) Program Evaluation Toolkit, a capacity building tool developed and disseminated to NCCCP grantees in 2010. Program directors will also be asked to provide information about their efforts to implement the

NCCCP priorities. The estimated burden per response is 30 minutes.

As part of the NCCCP evaluation, up to four focus groups will be conducted with a maximum of 10 respondents per group. Focus groups may include NCCCP program directors, designated NCCCP staff members, and stakeholders, such as program evaluators and coalition leaders. The purpose of the focus groups is to gather more in-depth information about ways in which CCCB capacity building tools can be improved to better support implementation of the NCCCP priorities. The estimated burden per response is 90 minutes.

The planned survey and focus groups are key components of CDC's evaluation of the extent to which grantees are implementing NCCCP priorities, as well as the extent to which selected CDC capacity building tools support implementation of the priorities. Information to be collected will inform the development of technical assistance for NCCCP grantees and enhancements to existing capacity building tools. OMB approval is requested for one year. Participation is voluntary and there are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
NCCCP State Grantee Program Director	CCC Web Survey	69	1	30/60	35
NCCCP State Grantee Program Project Director or Designated CCC Staff Member.	CCC Focus Group	40	1	1.5	60
Total	95

Dated: August 2, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

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OMB No.: 0970-0034.

Description: As required by section 412(d) of the Immigration and Nationality Act, the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), is requesting the information from report Form ORR-3 and ORR-4 to administer the Unaccompanied Refugee Minor (URM) program. The ORR-3 (Placement Report) is submitted to the Office of Refugee Resettlement (ORR) by the State agency at initial placement within 30 days of the placement, and whenever there is a change in the child's status, including termination from the program, within 60 days of the change or closure of the case. The ORR-4 (Outcomes Report) is submitted within approximately 12 months of the initial placement and each subsequent 12 months to record outcomes of the

child's progress toward the goals listed in the child's case plan and particularly for youth 17 years of age and above related to independent living and/or educational plans. ORR-4 is also submitted along with the initial ORR-3 report for 17 year old youth. ORR regulation at 45 CFR 400.120 describes specific URM program reporting requirements.

Respondents: State governments.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: ORR-3 Placement Report and ORR-4 Outcomes Report for Unaccompanied Refugee Minor.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ORR-3	15	Estimate responses 75	0.25	Estimated 281.25
ORR-4	15	Estimate responses 119	1.25	Estimated 2231.25

Estimated Total Annual Burden Hours: 2512.5.

In compliance with the requirements of Section 506(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 Planning, Research and Evaluation, 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 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

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; Semi-Annual and Final Reporting Requirements for Discretionary Grant Programs

AGENCY: Administration for Community Living, HHS.
ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to the continuation of an existing collection for Performance Progress Reports previously approved for discretionary grants funded by the U.S. Administration on Aging (AoA), which is now a part of ACL.

DATES: Submit written or electronic comments on the collection of information by October 9, 2012.

ADDRESSES: Submit electronic comments on the collection of information to: lori.stalbaum@aoa.hhs.gov. Submit written comments on the collection of information to Lori Stalbaum, Administration on Aging, Washington, DC 20201 or by fax to Lori Stalbaum at 202-357-3469. .

FOR FURTHER INFORMATION CONTACT: Lori Stalbaum at 202-357-3452 or lori.stalbaum@aoa.hhs.gov.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined

in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, ACL invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility; (2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Administration for Community Living (ACL) plans to continue an existing approved collection of information for semi-annual and final reports pursuant to the requirements of its discretionary grant programs. Through its discretionary grant programs, ACL supports projects for the purpose of developing and testing new knowledge and program innovations with the potential for contributing to the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. Deliverables required by ACL of all Title IV grantees are semi-annual and final reports, as provided for in the Department of Health and Human Services regulations, 45CFR Part 74, Section 74.51. These Title IV grantee performance reporting requirements can be found on ACL's Web site at <http://>