

i. Proposed allocation table, if not included as part of the grant application and

ii. (PART A) "Description of Priority Setting and Resource Allocation Processes" and "Unmet Need Estimate and Assessment" sections of the current grant application; or

iii. (PART B) "Needs Assessment and Unmet Need" section of the current grant application; or

iv. (PART C) "Description of the Local HIV Service Delivery System" and "Current and Projected Sources of Funding" sections of the current grant application.

Waiver Review and Notification Process

HRSA/HAB will review the request and notify grantees of waiver approval or denial no later than the date of issuance of the Notice of Award (NoA). Core medical services waivers will be effective for the grant award period for which it is approved. Subsequent grant periods will require a new waiver request. Grantees that are approved for a core medical services waiver in their annual grant application are not compelled to utilize the waiver should circumstances change.

The Paperwork Reduction Act of 1995

This activity has been reviewed and approved by the Office of Management and Budget, under the Paperwork Reduction Act of 1995 (Control number 0915-0307).

Dated: May 17, 2013.

Mary K. Wakefield,
Administrator.

[FR Doc. 2013-12354 Filed 5-23-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Discretionary Grant Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Single Single-Case Deviation: Administrative Supplement From Competition Requirements for the Maternal and Child Health Bureau's (MCHB) National Center for Community Based Services.

SUMMARY: HRSA will be issuing a non-competitive award to the National Center for Community Based Services program. The 1-year award for \$449,125 will be made available in the form of a cooperative agreement to the current grantee, University of Massachusetts,

during the budget period July 1, 2013, through June 30, 2014. This will provide feasible time for the Maternal and Child Health Bureau (MCHB) to align fiscal resources and programmatic goals with the least disruption to the states, communities, and constituencies that currently receive leadership, assistance, and services.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: National Center for Community Based Services/University of Massachusetts (U42MC18283).

Amount of the Non-Competitive Awards: \$449,125.

CFDA Number: 93.110.

Period of Supplemental Funding: July 1, 2013, through June 30, 2014.

Authority: Section Title V, Section 501(a)(2) of the Social Security Act, as amended.

Justification: As authorized by section 501(a)(2) of the Social Security Act, MCHB's Division of Children with Special Health Needs is responsible for facilitating the development of community-based systems of services for children and youth with special health care needs (CYSCHN).

To meet this legislative mandate, the Division funds the National Center for Community Based Services and the State Implementation Grant Program (D70). The National Center for Community Based Services (U42MC18283), a cooperative agreement funded at \$449,125 per year for a 3-year project period, is due to end June 30, 2013. This national center focuses on improving access to services for underserved CYSHCN and their families, especially those from Latino Families. The D70 grant program has had several funding cycles since 2005, with a minimum of six grants in each cycle. In fiscal year (FY) 2014, the project period for eight of the D70 grants will end. At that time, the Division plans to begin a new cycle of D70 competitive awards to states to improve the system of services for CYSHCN.

The Division explored several grant funding options that would align with its strategic goals of funding entities to improve the services for CYSHCN at the state and community levels. The amount available in FY 2013 could only fund two D70 grants and would not provide the grantees with a peer learning community that has existed with previous cycles. Moreover, the resources and objective review costs for a funding cycle for only two grants is not cost effective. Therefore, in lieu of a D70 competition in FY 2013, the Division proposes to use these funds to extend the project period for the

National Center for Community Based Services (U42MC18283) for 1 year until June 30, 2014. At that time, with the project period ending for the eight D70 grants, all funds will be available for a new, competitive cycle of D70 grants in 2014.

The MCHB proposes the 1-year non-competitive funding action for three strategic programmatic reasons: (1) To appropriately spend the necessary preparation time to complete a full grant competition aligned with the Division's strategic goals; (2) to provide for sufficient fiscal resources to continue programmatic activities; and (3) to maintain MCHB programmatic support with the least disruption to the state, community, and maternal and child health constituencies who are currently receiving assistance and services from these grantees, and the grantees themselves.

FOR FURTHER INFORMATION CONTACT:

Sylvia Sosa, Integrated Services Branch, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 13-61, Rockville, Maryland 20857; 301-443-2259; ssosa@hrsa.gov.

Dated: May 17, 2013.

Mary K. Wakefield,
Administrator.

[FR Doc. 2013-12344 Filed 5-23-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place NW., Washington, DC 20005, (202) 357-6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857; (301) 443-6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at Section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that "[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**." Set forth below is a list of petitions received by HRSA on March 13, 2013, through April 30, 2013. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court

has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by" one of the vaccines referred to in the Table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading "**FOR FURTHER INFORMATION CONTACT**"), with a copy to HRSA addressed to Director, Division of Vaccine Injury Compensation Program, Healthcare Systems Bureau, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Dated: May 17, 2013.

Mary K. Wakefield,
Administrator.

List of Petitions Filed

1. Tory J. and Sarah E. Moody on behalf of Victorya E. Moody, Bedford, Indiana, Court of Federal Claims No: 13-0190V.
2. Pamela Jean Peguess, Memphis, Tennessee, Court of Federal Claims No: 13-0191V.

3. Eileen Goeschel, Sarasota, Florida, Court of Federal Claims No: 13-0199V.
4. Kearsten Demczuk, Park Ridge, Illinois, Court of Federal Claims No: 13-0205V.
5. Howard Reddy and Hanan Tarabay on behalf of Andrew Howard Reddy, Pensacola, Florida, Court of Federal Claims No: 13-0208V.
6. Mona Marie Troup, Everett, Washington, Court of Federal Claims No: 13-0209V.
7. Angel Blackstone on behalf of S.B., Deceased, Trenton, New Jersey, Court of Federal Claims No: 13-0213V.
8. Isidra Durwin, Sarasota, Florida, Court of Federal Claims No: 13-0214V.
9. Nancy and Sandro Giannetta on behalf of A.M.G., Sarasota, Florida, Court of Federal Claims No: 13-0215V.
10. Kimberly Pedersen, West Allis, Wisconsin, Court of Federal Claims No: 13-0216V.
11. Charles and Jeannie Maikish on behalf of S.M., Nyack, New York, Court of Federal Claims No: 13-0217V.
12. Ina Scanlon, Muncie, Indiana, Court of Federal Claims No: 13-0219V.
13. David Stachlewitz on behalf of H.G.S., Glendale, Arizona, Court of Federal Claims No: 13-0220V.
14. Mary E. Thompson, Brookport, Illinois, Court of Federal Claims No: 13-0222V.
15. Matthew Gorski, Wynnewood, Pennsylvania, Court of Federal Claims No: 13-0224V.
16. Woodrow Coffey, Jr., Irvine, California, Court of Federal Claims No: 13-0225V.
17. Stephen Warren on behalf of Taylor Warren, Deceased, New York, New York, Court of Federal Claims No: 13-0226V.
18. Robert Wiggins, Nashville, North Carolina, Court of Federal Claims No: 13-0228V.
19. Peggy Kalmeyer, Depew, New York, Court of Federal Claims No: 13-0230V.
20. Rosemary and Wayne Trezza on behalf of P.T., West Orange, New Jersey, Court of Federal Claims No: 13-0231V.
21. Jane Tomassetti, Woodbury, Minnesota, Court of Federal Claims No: 13-0234V.
22. Everett Johnson, Sr., Ashland, Kentucky, Court of Federal Claims No: 13-0235V.
23. Edwin W. Fockler, Sarasota, Florida, Court of Federal Claims No: 13-0237V.

24. James Cox, Las Cruces, New Mexico, Court of Federal Claims No: 13-0238V.
25. Chanel and Paul A. Monroe on behalf of Angelina Monroe, Las Vegas, Nevada, Court of Federal Claims No: 13-0239V.
26. Noteel Koss, Houston, Texas, Court of Federal Claims No: 13-0240V.
27. Tamika M. Kratzer on behalf of Ian M. Kratzer, Sacramento, California, Court of Federal Claims No: 13-0243V.
28. Rosalie Peck, Boston, Massachusetts, Court of Federal Claims No: 13-0249V.
29. Shannon Keller, Sacramento, California, Court of Federal Claims No: 13-0250V.
30. Edwina Bradshaw, North Myrtle Beach, North Carolina, Court of Federal Claims No: 13-0252V.
31. William and Brenda Lehann Rodriguez on behalf of C.R., Clayton, Georgia, Court of Federal Claims No: 13-0253V.
32. Corrine K. Imana, Kamuela, Hawaii, Court of Federal Claims No: 13-0257V.
33. Lorel Cubano, San Juan, Puerto Rico, Court of Federal Claims No: 13-0259V.
34. Brittany and Davey Lambert on behalf of Noah Lambert, Memphis, Tennessee, Court of Federal Claims No: 13-0265V.
35. Scott and Caroline VanScoy on behalf of Alyssa VanScoy, Simi Valley, California, Court of Federal Claims No: 13-0266V.
36. Jane Sprecher, Reading, Pennsylvania, Court of Federal Claims No: 13-0271V.
37. Georgia Murdock, Silver Spring, Maryland, Court of Federal Claims No: 13-0273V.
38. Willie Andre Simmons, Augusta, Georgia, Court of Federal Claims No: 13-0274V.
39. Jung Park, M.D., New York, New York, Court of Federal Claims No: 13-0275V.
40. Allison and Steven Council on behalf of Adam Council, Plainfield, Illinois, Court of Federal Claims No: 13-0276V.
41. Maryann Giordano, Lindenhurst, New York, Court of Federal Claims No: 13-0277V.
42. Laura A. Jones, Greensboro, North Carolina, Court of Federal Claims No: 13-0279V.
43. David D. Griffin, Afghanistan, Court of Federal Claims No: 13-0280V.
44. James Demoski, Endicott, New York, Court of Federal Claims No: 13-0286V.
45. Christina N. Steinat, Seattle, Washington, Court of Federal Claims No: 13-0287V.
46. Jessica L. Stone, Baraboo, Wisconsin, Court of Federal Claims No: 13-0289V.
47. Holly Rhew, Wichita, Kansas, Court of Federal Claims No: 13-0293V.
48. Janet DeYear, Dallas, Texas, Court of Federal Claims No: 13-0299V.
49. Cynthia Adkins, Sarasota, Florida, Court of Federal Claims No: 13-0295V.
50. Saurabh V. and Archana Amin on behalf of Sheaa Amin, Linwood, New Jersey, Court of Federal Claims No: 13-0300V.
51. Juliet and Mohamed Edoe on behalf of Justin Edoe, Miami, Florida, Court of Federal Claims No: 13-0302V.
52. James Boyer, Boston, Massachusetts, Court of Federal Claims No: 13-0303V.

[FR Doc. 2013-12347 Filed 5-23-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Ryan White HIV/AIDS Program, Part C Early Intervention Services Grant Under the Ryan White HIV/AIDS Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of Ryan White HIV/AIDS Program Part C Early Intervention Services One-Time Noncompetitive Award to Ensure Continued HIV Primary Medical Care.

SUMMARY: To prevent a lapse in comprehensive primary care services for persons living with HIV/AIDS, HRSA will provide a one-time noncompetitive Ryan White HIV/AIDS Program Part C funds award to the Genesis Health Group (GHG), Davenport, Iowa.

SUPPLEMENTARY INFORMATION: The amount of the award to ensure ongoing HIV medical services is \$429,112.

Authority: Section 2651 of the Public Health Service Act, 42 U.S.C. 300ff-51 *CFDA Number:* 93.918

Project period: The period of support for this award is 15 months, explained below in further detail.

Justification for the Exception to Competition: The Community Health Care, Davenport, Iowa (Grant Number: H76HA00212) announced the relinquishment of their Part C grant on January 31, 2013. To prevent a lapse in HIV medical care, grant funds of \$429,112 are to be awarded to GHG to

provide interim HIV medical care. The \$429,112 represents a proportional share of the last award to the Community Health Care to cover 15 months of HIV medical primary care services until the service area is competed for by July 1, 2014.

FOR FURTHER INFORMATION CONTACT: John Fanning, Public Health Analyst, Division of Community Based Programs/Southern Branch, HRSA, by mail at 5600 Fishers Lane, Rockville, MD 20857; by email at jfanning@hrsa.gov; or by phone at (301) 443-0493.

Dated: May 17, 2013.

Mary K. Wakefield,
Administrator.

[FR Doc. 2013-12349 Filed 5-23-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-day Comment Request: Autism Spectrum Disorder Research Portfolio Analysis

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute of Mental Health (NIMH), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) The quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To Submit Comments and For Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request