

registry enrollment events in their hospitals and communities. The nation's 58 organ procurement organizations (OPOs), who already work with hospitals on clinical aspects of transplantation, are invited to participate in HRSA's National Hospital Organ Donation Campaign to increase the number of enrollments in state donor registries. The Campaign supports OPOs by providing fresh communications materials, facilitating the sharing of best practices, leveraging the influence of national associations and organizations related to hospitals and organ donation, and offering the additional incentive of national-level recognition to hospitals.

The National Hospital Organ Donation Campaign's Activity Scorecard is one piece of this campaign. A campaign leadership committee comprised of representatives from OPOs, Donate Life America (DLA) affiliates, and hospitals helped conceptualize the Activity Scorecard which is based on the committee's experience of hospital receptivity to friendly competition and the opportunity to be recognized among their peers. The Activity Scorecard provides hospitals that wish to participate in the campaign with ideas for outreach activities. Each activity on

the programmable PDF is assigned a particular number of points based on the activity's potential for generating registrations.

Hospitals can complete the Activity Scorecard and submit it by email or fax it to HRSA or to their OPO or DLA. This is a voluntary activity. Hospitals can participate in the campaign without using the Activity Scorecard. HRSA anticipates that most hospitals enrolled in the campaign (currently 802) will submit a completed Activity Scorecard once a year.

Most importantly, the Activity Scorecard provides incentive for hospitals to conduct activities that will increase the number of registered donors throughout the nation. A list of hospitals that reach these levels will be shared with all campaign participants during monthly webinars, in monthly campaign e-newsletters from HRSA, and in communications pieces sent out by the campaign's ten national partners, which include the American Hospital Association, the Association of Organ Procurement Organizations, and the American Society of Transplant Surgeons. In addition, OPOs, DLA affiliates, participating state hospital associations, HRSA, and the national partners can use the results to recognize hospital participation and successes. The "write-in" option that allows

hospitals to list additional activities will help to identify best practices that can be shared with all hospital partners on monthly webinars.

*Likely Respondents:* A hospital representative, most often the organ donation champion identified by the OPO, can download the form from *organdonor.gov* or receive it from their OPO or Donate Life America (DLA) affiliate.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

Total Estimated Annualized burden hours:

Form Name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Name of instrument .....	802	1	802	1	802
Total .....	802	1	802	1	802

HRSA specifically requests comments on (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.

Dated: July 8, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

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**BILLING CODE 4165-15-P**

**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 78 FR 38720-38723 dated June 27, 2013).

This notice reflects organizational changes in the Health Resources and Services Administration (HRSA). This notice updates the functional statements for the Office of Communications and the Office of Management. Specifically,

this notice: (1) Transfers the Freedom of Information Act function from the Office of Communications (RA6) to the Office of Management (RB4), Division of Policy and Information Coordination (RB41); and (2) updates the functional statements for the Office of Communications, the Office of Management, and the Division of Policy and Information Coordination.

**Chapter RA6—Office of Communications**

*Section RA6-20, Functions*

Delete the functional statement for the Office of Communications (RA6) and replace in its entirety with the following:

The Office of Communications (RA6) provides leadership and general policy and program direction, and conducts and coordinates communications and public affairs activities of the agency.

Specifically, the Office of Communications: (1) Serves as focal point for coordination of agency communications activities with those of other health agencies within the Department of Health and Human Services and with field, state, local, voluntary, and professional organizations; (2) develops and implements national communications initiatives to inform and educate the public, health care professionals, policy makers, and the media; (3) coordinates, researches, writes, and prepares speeches and audiovisual presentations for the HRSA Administrator and staff; (4) provides communication and public affairs expertise and staff advice and support to the Administrator in program and policy formulation and execution consistent with policy direction established by the Assistant Secretary for Public Affairs; (5) develops and implements policies and procedures related to external media relations and internal employee communications including those for the development, review, processing, quality control, and dissemination of agency communications materials, including exhibits and those disseminated electronically; (6) serves as Communications and Public Affairs Officer for the agency including establishment and maintenance of productive relationships with the news media; (7) serves as focal point for intergovernmental affairs for the agency; and (8) manages audio, visual, and multimedia activities in support of communications efforts through multiple media formats.

#### Chapter RB4—Office of Management

##### Section RB4–20, Functions

Delete the functional statement for the immediate Office of Management (RB4) and the Division of Policy and Information Coordination (RB41) and replace in its entirety with the following:

##### Office of Management (RB4)

Provides HRSA-wide leadership, program direction, and coordination of all phases of administrative management. Specifically, the Office of Management: (1) Provides management expertise, staff advice, and support to the Administrator in program and policy formulation and execution; (2) provides administrative management services including human resources, property management, space planning, safety, physical security, and general administrative services; (3) conducts HRSA-wide workforce analysis studies and surveys; (4) plans, directs, and

coordinates HRSA's activities in the areas of human resources management, including labor relations, personnel security, and performance; (5) coordinates the development of policy and regulations; (6) oversees the development of annual operating objectives and coordinates HRSA work planning and appraisals; (7) directs and coordinates the agency's organizations, functions and delegations of authority programs; (8) administers the agency's Executive Secretariat and committee management functions; (9) provides staff support to the agency Chief Travel Official; (10) provides staff support to the Deputy Ethics Counselor; (11) directs, coordinates, and conducts workforce development activities for the agency; and (12) coordinates the implementation of the Freedom of Information Act for the agency.

##### Division of Policy and Information Coordination (RB41)

(1) Advises the Administrator and other key agency officials on cross-cutting policy issues and assists in the identification and resolution of cross-cutting policy issues and problems; (2) establishes and maintains tracking systems that provide HRSA-wide coordination and clearance of policies, regulations and guidelines; (3) plans, organizes and directs the Executive Secretariat with primary responsibility for preparation and management of written correspondence; (4) arranges briefings for Department officials on critical policy issues and oversees the development of necessary briefing documents; (5) coordinates the preparation of proposed rules and regulations relating to HRSA programs and coordinates review and comment on other Department regulations and policy directives that may affect HRSA programs; (6) oversees and coordinates the committee management activities; and (7) coordinates the review and publication of **Federal Register** Notices; and (8) coordinates the implementation of the Freedom of Information Act for the agency.

##### Section RB4–30, 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: July 9, 2013.

**Mary K. Wakefield,**  
Administrator.

[FR Doc. 2013–16899 Filed 7–12–13; 8:45 am]

BILLING CODE 4165–15–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; 30-day Comment Request; NIH Office of Intramural Training & Education Application

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on March 24, 2013, page 17935–17936 and allowed 60-days for public comment. One public comment was received. The purpose of this notice is to allow an additional 30 days for public comment. The Office of the Director (OD), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

*Direct Comments to OMB:* Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202–395–6974, Attention: NIH Desk Officer.

*Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact: Dr. Patricia Wagner; Director of Admissions & Registrar; Office of Intramural Training & Education; National Institutes of Health; 2 Center Drive; Building 2/Room 2E06; Bethesda, Maryland 20892–0234; or call 240–476–3619 or Email your request, including your address to: [wagnerpa@od.nih.gov](mailto:wagnerpa@od.nih.gov). Formal requests for additional plans and