

well-functioning healthcare coalitions, among other activities.

ASPR seeks to partner with LHDs and local communities which frequently prepare for, respond to, and recover from localized emergency incidents and to identify valuable lessons and promising practices to collect and share these practices with other LHDs and communities. This project will capture lessons learned and promising practices from local communities and share them more widely.

**Justification:** The National Association of County and City Health Officials (NACCHO) is the national nonprofit organization representing all local and tribal health officials from across the country. Members are elected by their peers, and include ex officio members representing the National Association of Counties, of which NACCHO is an affiliate, and the U.S. Conference of Mayors. NACCHO advocates on the behalf of county and city health departments by providing Congressional testimony, submitting letters to the Administration, and endorsing proposed legislation.

NACCHO has demonstrated experience establishing partnerships with both traditional and non-traditional organizations to impact both county and city public health departments and the broader public health system.

NACCHO's existing network of health officials will provide ASPR with the unique ability to collaborate on federal programs and actions that could impact the preparation for, response to or recovery from emergencies and disasters impacting public health and health care.

**Additional Information:** The agency program contact is Lisa Kaplowitz, who can be contacted by phone at (202) 202-2882 or via email at [Lisa.Kaplowitz@hhs.gov](mailto:Lisa.Kaplowitz@hhs.gov).

Dated: August 28, 2013.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Sole Source Cooperative Agreement Award to the Association for State and Territorial Health Officials (ASTHO)

**AGENCY:** Office of Policy and Planning, Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

**ACTION:** Notification of a Sole Source Cooperative Agreement Award to the

Association for State and Territorial Health Officials (ASTHO) for a grant titled: "Technical Assistance to Obtain State and Territorial Health Department Input for National Health Security-related Activities".

**Statutory Authority:** Public Health Service Act, Section 1703(a), 42 U.S.C. Section 300u-2(a).

**Estimated Amount of Award:** \$1,500,000 USD.

**Project Period:** September 30, 2013 to September 29, 2016.

**SUMMARY:** ASPR requires collaboration with state and territorial health departments and officials to ensure that state and local governments, communities, private sector entities, non-governmental organizations, academia, and individuals can optimally coordinate their respective national health security roles and responsibilities to achieve community health resilience and strengthen health care, public health, and emergency management systems. This project aims to improve collaboration between ASPR and the state health departments (SHDs) to enhance national health security, foster community health resilience, and strengthen health care, public health, and emergency management systems. One of the overarching goals of both the National Health Security Strategy (2009) and the ASPR Strategic Plan 2011-2015 is to build community health resilience. ASPR seeks to partner with SHDs and territorial health officials, which play a critical role in building community health resilience by employing and evaluating public health strategies such as preparing local communities to withstand and recover from public health emergencies and disasters, and engaging health care organizations to build healthcare coalitions. The project will foster better approaches for building community health resilience.

SHDs and territorial health officials are intimately familiar with the communities and populations that they serve and are an essential partner in carrying out the mission of ASPR. ASPR seeks to engage SHDs and health officials as well as other appropriate stakeholders in bi-directional communications to evaluate the effectiveness of, and ensure that, ASPR's strategies, policies, and programmatic activities are informed by and support the needs of states, territories, and local communities. The project will foster collaboration with state health officials to achieve, for example, national health security and strengthen emergency preparedness, response, and recovery systems and capabilities, and build

well-functioning healthcare coalitions, among other activities.

ASPR seeks to partner with SHDs and territorial health officials and local communities which frequently prepare for, respond to, and recover from emergency incidents and to identify valuable lessons learned and promising practices to collect and share these practices with other SHDs and communities. This project will capture lessons and promising practices and share them more widely.

**Justification:** The Association for State and Territorial Health Officials (ASTHO) is the only national nonprofit membership organization that includes membership representation from every state and local public health agency in the United States (U.S.), the U.S. Territories, the District of Columbia, and over 100,000 public health professionals employed by these agencies. ASTHO members, the chief health officials of these jurisdictions, formulate and influence sound public health policy and ensure excellence in state-based public health practice. The ASTHO organization has the unique ability to represent the perspectives of all the state and territorial health officials across the nation.

**Additional Information:** The agency program contact is Lisa Kaplowitz, who can be contacted by phone at (202) 202-2882 or via email at [Lisa.Kaplowitz@hhs.gov](mailto:Lisa.Kaplowitz@hhs.gov).

Dated: August 28, 2013.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-13-13AHG]

### Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send

comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited 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) ways to enhance the quality, utility, and clarity of the 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. Written comments should be received within 60 days of this notice.

**Proposed Project**

Evaluation of Food Safety Programs—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Local and state food safety programs (FSPs) are on the frontline of foodborne disease prevention in the U.S. Through the Environmental Health Specialists Network (EHS-Net), CDC currently funds and works with local and state

health departments in five states (California, New York, Minnesota, Rhode Island, and Tennessee) to: (1) Identify environmental antecedents (underlying factors) to illness and disease outbreaks; (2) translate findings into improved prevention efforts using a systems-based approach; (3) offer training opportunities to current and future environmental health specialists; and (4) strengthen collaboration among epidemiology, laboratory, and environmental health programs. This CDC program offers insights into the current status of FSPs among EHS-Net partners, but information is lacking on a national scale.

In the current economic milieu, food safety, along with other public health programs, is being eliminated due to funding reductions. Therefore, the CDC proposes to conduct the "Evaluation of Food Safety Programs" survey among a representative sample of local and state health departments implementing FSPs in the United States (U.S.).

The purpose of this evaluation of local and state FSPs is to collect descriptive data on the current status and activities, to describe changes in status and activities from 2007 to 2012, and to determine if there is a relationship between funding and status and activities. Data will be collected on food safety activities, workforce

capacity and competency, financial resources, community health, and demographics of FSPs. Data collected will help CDC better understand the relationship between different levels of funding and FSP effectiveness in the U.S.

The evaluation survey will take approximately two hours to complete. The survey will be completed once by respondents either manually or electronically. The CDC is asking for this data collection burden to allow local and state health departments ample time to request and obtain the information they need from their various departments and units to complete the evaluation survey.

There are over 3,000 state and local health departments in the U.S. It is unknown how many state and local health departments will actually participate in the evaluation survey, as participation will be voluntary. Per year, the anticipated number of respondents for this survey is 190 health departments, and the requested number of burden hours is 380. The CDC is requesting OMB approval for two years.

Only local and state health departments implementing food safety programs in the U.S. will be eligible to participate in the survey. There will be no cost to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Local health departments .....	Evaluation Survey (electronic) .....	138	1	2	276
	Evaluation Survey (paper-based) ....	35	1	2	70
State health departments .....	Evaluation Survey (electronic) .....	14	1	2	28
	Evaluation Survey (paper-based) ....	3	1	2	6
<b>Total .....</b>	.....	.....	.....	.....	<b>380</b>

**Leroy Richardson,**

*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[60Day-13-13AHL]**

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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 Centers for Disease Control and Prevention (CDC) will publish periodic

summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited 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) ways to enhance the quality, utility, and clarity of the information to be