

and dissemination activities) associated with vital statistics; (5) develops and maintains systems and databases to support the National Death Index program; (6) provides consultation and expert technical assistance to the Division concerning SQL server, web services, networking applications, and other technologies that may arise; (7) prepares and maintains population databases as well as conducts studies on statistical computation and data quality; (8) designs and implements information technology applications to produce final edited and imputed vital statistics and survey data; (9) provides consultation, policy guidance and expert technical assistance NCHS-wide as well as to a broad range of agencies, institutions, federal, local, and international governments, researchers, and individuals, in regard to vital statistics systems design, administration, and usage; (10) manages national vital statistics data files and databases; (11) develops, enhances, and maintains medical classification software and procedures for collecting and processing of mortality medical data in states and at NCHS following HHS Enterprise Life Cycle Framework; and (12) tests, refines, and updates automated coding systems that assist in the production of mortality data.

Dated: September 13, 2013.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR

69296, October 20, 1980, as amended most recently at 78 FR 35936, dated June 14, 2013) is amended to reflect the establishment of the Field Support Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

After the mission statement for the Women's Health and Fertility Branch (CUCJE), Division of Reproductive Health (CUCJ), insert the following:

Field Support Branch (CUCJG). (1) Assists domestic and international health agencies in health services management, health services research, and translation of findings by providing technical assistance, including training, analytical assistance, and consultation; (2) builds epidemiology capacity in state, tribal, and urban maternal and child health organizations; (3) partners with states, tribes, local and national maternal and child health organizations, and federal agencies to improve maternal and child health; (4) collaborates with other training programs both inside and outside of CDC on reproductive, maternal and child health such as CDC's Epidemic Intelligence Service, Field Epidemiology Training Program, and Council of State and Territorial Epidemiologists; and (5) serves as the CDC lead for technical assistance and expertise in demographic analytical techniques for evaluating reproductive, maternal, infant and perinatal health.

Dated: September 13, 2013.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Planning Grants to Develop a Model Intervention for Youth/Young

Adults with Child Welfare Involvement At-Risk of Homelessness.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to collect data for an evaluation of the initiative, Planning Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement At-Risk of Homelessness. This 2-year initiative, funded by the Children's Bureau (CB) within ACF, will support planning grants to develop a model for intervening with youth who have experienced time in foster care and are most likely to have a challenging transition to adulthood, including homelessness and unstable housing experiences. CB anticipates awarding up to 18 planning grants (Phase I). During the planning phase, organizations will develop formal plans to implement and evaluate the model under a potential future funding opportunity (Phase II).

For Phase I, CB will engage a contractor to: provide grantees with evaluation-related technical assistance (TA), implement evaluability assessments, and conduct a cross-site process evaluation. Data collected for the process evaluation will be used to assess grantees' organizational capacity and readiness to implement and evaluate the model interventions, and to conduct regular and periodic monitoring of each grantee's progress toward achieving the goals of the planning period.

Data for the process evaluation will be collected through: (1) Telephone interviews; (2) interviews and focus groups during site visits; and (3) web-based data collection.

Respondents: Grantee agency directors and staff; partner agency directors and staff. Partner agencies may vary by site, but are expected to include child welfare, mental health, and youth housing/homelessness agencies.

ANNUAL BURDEN ESTIMATES

| Instrument | Total number of respondents | Annual number of respondents | Number of responses per respondent | Average burden hours per response | Total annual burden hours |
|--|-----------------------------|------------------------------|------------------------------------|-----------------------------------|---------------------------|
| Baseline Telephone Interview of Organizational Readiness | 540 | 270 | 1 | 1.0 | 270 |
| Exit Telephone Interview of Organizational Readiness | 540 | 270 | 1 | 1.0 | 270 |
| Grantee Site Visit—Semi-Structured Interview Topic Guide | 540 | 270 | 1 | 1.5 | 405 |
| Grantee Site Visit—Focus Group Guide | 540 | 270 | 1 | 1.5 | 405 |