

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS-OS-20883-30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for a new collection. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

DATES: Comments on the ICR must be received on or before December 8, 2014.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395-5806.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff,

Information.Collection.Clearance@hhs.gov or (202) 690-6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the Information Collection Request Title and document identifier HHS-OS-0990-new 30D for reference.

Information Collection Request Title: Tissue and Organ Donor epidemiology Study (TODES).

Abstract: This Study is a request for a new data collection OMB Number: 0990-new TODES is being conducted in order to better understand the impact of donor screening and selection procedures, and to determine the extent of donor-donation level data that are collected for organ and tissue (including ocular) donors. The data that are obtained from Organ Procurement Organizations (OPOs) and Eye Banks will provide a better characterization of the deceased donor pool; information regarding data management and storage practices; and a measure of the degree of standardization of data collected by various organizations across the U.S. TODES may provide better estimates of the risk of HIV, HBV and HCV infections associated with organ and tissue transplantation and the potential for disease transmission; illustrate differences in laboratory screening methods and the impact of protocol

variations; and serve as a pilot for future studies. This retrospective study will provide a framework for future, prospective studies of organ and tissue donors that could inform policy decisions regarding donor qualification procedures and, potentially, increase the donor pool.

Need and Proposed Use of the Information: A workshop in June 2005 (“Preventing Organ and Tissue Allograft-Transmitted Infection: Priorities for Public Health Intervention”) identified gaps in organ and tissue safety in the United States. Participants developed a series of allograft safety initiatives, assessed progress, and identified priorities for future interventions. Despite progress, improved recognition and prevention of donor-derived transmission events is needed. It was concluded that this requires systems integration across the organ and tissue transplantation communities including organ procurement organizations, eye and tissue banks, and transplant infectious disease experts. Commitment of resources and improved coordination of efforts are required to develop essential tools to enhance safety for transplant recipients.

Likely Respondents: organ procurement organizations, tissue banks, eye banks

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
OPOs	17	1	85/60	24.1
Eye Banks	7	1	55/60	6.4
Total				30.5

Darius Taylor,

Information Collection Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Electronic Government Office, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Electronic Government Office (EGOV), Department

of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is to reinstate the use of the previously approved information collection, Project Abstract Summary, assigned OMB control number 0980-0204 which expired on 11/30/2011, and to reinstate this information collection to 4040-0010 with a 3 year clearance. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. Prior to submitting that ICR to OMB, EGOV seeks comments from the public

regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before January 5, 2015.

ADDRESSES: Submit your comments to *ed.calimag@hhs.gov* or (202) 690-7569.

FOR FURTHER INFORMATION CONTACT: *Ed.Calimag@hhs.gov* or (202) 690-7569.

SUPPLEMENTARY INFORMATION: Form is available upon request.

Information Collection Request Title: Project Abstract Summary.

OMB No.: 4040-0010.

Abstract: The Project Abstract Summary provides the Federal grant-making agencies a simplified alternative to the Standard Form 424 data set and form. Agencies may use the Project Abstract Summary for grant programs not required to collect all the data that

is required on the SF-424 core data set and form.

Need and Proposed Use of the Information: The Project Abstract Summary is used by the public to apply for Federal financial assistance in the forms of grants. These forms are submitted to the Federal grant-making agencies for evaluation and review.

Likely Respondents: Organizations and institutions seeking grants.

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 for the Department of Health and Human Services estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN FOR HHS—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Project Abstract Summary	4,270	1	1	4,270
Total	4,270	1	1	4,270

EGOV 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.

Darius Taylor,
Information Collection Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Electronic Government Office, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, Grants.gov (EGOV), Department of Health and Human Services, announces plans to submit an Information Collection

Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for reinstatement of a previously-approved information collection assigned OMB control number 4040-0012—SF-270: Request for Advance or Reimbursement, which expired on October 31, 2013. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. Prior to submitting that ICR to OMB, EGOV seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before January 5, 2015.

ADDRESSES: Submit your comments to *Ed.calimag@hhs.gov* or (202) 690-7569.

FOR FURTHER INFORMATION CONTACT: *Ed.Calimag@hhs.gov* or (202) 690-7569.

SUPPLEMENTARY INFORMATION: Form is available upon request.

Information Collection Request Title: Request for Advance or Reimbursement.

Abstract: The SF-270 is used to request funds for all non-construction grant programs when letters of credit or predetermined advance methods are not used.

Need and Proposed Use of the Information: The SF-270 is used to

request funds for all non-construction grant programs when letters of credit or predetermined advance methods are not used. The ICR also requests categorizing the form as a common form, meaning HHS will only request approval for its own use of the form rather than aggregating the burden estimate across all Federal Agencies as was done for previous actions on this OMB control number. The Federal awarding agencies and OMB use information reported on this form for general management of the Federal assistance awards programs.

Likely Respondents: Federal grant award recipients.

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 ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
	100,000	1	1	100,000