

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

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Measures for all grantees	Grantee program staff—all	106	1	7	742
Participant-level measures	Grantee program staff—Tier 1 C/D, Tier 2, and PREIS.	45	1	1	45
Perceived impact questions	Youth participants—PREIS	2000	1	5/60	167
Perceived impact measures	Grantee program staff—PREIS	11	1	3	33
Total	2,106	987

OS 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

Centers for Disease Control and Prevention

[30Day-15-0530]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the

accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

EEOICPA Dose Reconstruction Interviews and Forms, OMB No. 0920-0530 (Expiration, 02/28/2015)—Extension—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

On October 30, 2000, the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 U.S.C. 7384-7385) was enacted. This Act established a federal compensation program for employees of the Department of Energy (DOE) and certain of its contractors, subcontractors and vendors, who have suffered cancers and other designated illnesses as a result of

exposures sustained in the production and testing of nuclear weapons.

Executive Order 13179, issued on December 7, 2000, delegated authorities assigned to “the President” under the Act to the Departments of Labor, Health and Human Services, Energy and Justice. The Department of Health and Human Services (DHHS) was delegated the responsibility of establishing methods for estimating radiation doses received by eligible claimants with cancer applying for compensation. NIOSH is applying the following methods to estimate the radiation doses of individuals applying for compensation.

In performance of its dose reconstruction responsibilities, under the Act, NIOSH is providing voluntary interview opportunities to claimants (or their survivors) individually and providing them with the opportunity to assist NIOSH in documenting the work history of the employee by characterizing the actual work tasks performed. In addition, NIOSH and the claimant may identify incidents that may have resulted in undocumented radiation exposures, characterizing radiological protection and monitoring practices, and identify co-workers and other witnesses as may be necessary to confirm undocumented information. In this process, NIOSH uses a computer assisted telephone interview (CATI) system, which allows interviews to be conducted more efficiently and quickly as opposed to a paper-based interview instrument. Both interviews are voluntary and failure to participate in either or both interviews will not have a negative effect on the claim, although voluntary participation may assist the claimant by adding important information that may not be otherwise available. NIOSH is requesting a three-year approval for these data collection activities.

NIOSH uses the data collected in this process to complete an individual dose reconstruction that accounts, as fully as possible, for the radiation dose incurred by the employee in the line of duty for DOE nuclear weapons production programs. After dose reconstruction, NIOSH also performs a brief, voluntary final interview with the claimant to explain the results and to allow the claimant to confirm or question the records NIOSH has compiled. This will also be the final opportunity for the claimant to supplement the dose reconstruction record. Approximately

3,600 claimants will be interviewed with an average burden of one hour per response.

At the conclusion of the dose reconstruction process, the claimant submits a form to confirm that the claimant has no further information to provide to NIOSH about the claim at this time. The form notifies the claimant that signing the form allows NIOSH to forward a dose reconstruction report to DOL and to the claimant, and closes the record on data used for the dose reconstruction. Signing this form does not indicate that the claimant agrees

with the outcome of the dose reconstruction. The dose reconstruction results will be supplied to the claimant and to the DOL, the agency that will utilize them as one part of its determination of whether the claimant is eligible for compensation under the Act. It is estimated that 3,600 claimants will complete the conclusion form which takes approximately five minutes per response.

The total estimated burden hours are 3,900. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Claimant	Initial interview	3,600	1	1
Claimant	Conclusion form OCAS-1	3,600	1	5/60
Total				

Leroy A. 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

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Projects: Conduct an electronic survey of 2012-funded Family Connection grantees to collect process

evaluation data to include as part of the Cross-Site Evaluation.

Title: Cross-site Evaluation Survey 2012 Family Connection Grantees
OMB No.: 0970-NEW

Description: In the interest of providing as complete an evaluation report as possible by the end of FY15, the Children’s Bureau has directed the contractor conducting the Cross-site Evaluation to adopt the most efficient means possible to collect process evaluation data from grantees. The proposed electronic survey will replace originally planned in-person and telephone discussions with electronic surveys. This will enable collection of key information on project design, implementation, maintenance, and sustainability from key grantee representatives in an abbreviated amount of time. The quantitative nature

of the surveys will enable rapid data analysis and reporting.

Respondents: The Cross-site Evaluation addresses a total of seventeen (17) Family Connection grantees. Four categories of participants will be surveyed: Project Leadership, Service Providers, Project Partners (public child welfare and community agencies), and Evaluators. For each grantee, an average of 20 respondents is anticipated: 4 project leadership, 9 service providers, 2 public child welfare agency representatives, 2 community partner representatives, and 3 evaluators. These numbers of participants, per category, are used in the table below to calculate the number of respondents, across the 17 projects to be surveyed. Differences in burden estimates for the different instruments reflect the number of questions in each.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Project Leadership Protocol	79	1	.75	59.25
Service Provider Protocol	153	1	.5	76.5
Public Child Welfare Partner Protocol	34	1	.25	8.5
Community Partner Protocol	34	1	.25	8.5
Evaluator Protocol	51	1	.75	38.25

Estimated Total Annual Burden Hours: 191.00.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and

Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All

requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.