

document compilation, review of data, and data entry or upload into the web-based system.

There are no additional costs 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)	Total burden hours
Health jurisdiction	Health Department Reporting	69	2	1,377	190,026
Community-Based Organization	Community-Based Organization Reporting.	200	2	40.5	16,200
Total	206,226

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.
 [FR Doc. 2015-09088 Filed 4-20-15; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-0314]

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

The National Survey of Family Growth (NSFG)-(0920-0314, Expiration 04/30/2015—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on “family formation, growth, and dissolution,” as well as “determinants of health” and “utilization of health care” in the United States. This three-year clearance request includes the data collection in 2015–2018 for the continuous NSFG.

The National Survey of Family Growth (NSFG) was conducted periodically between 1973 and 2002, and continuously since 2006, by the National Center for Health Statistics, CDC. Each year, about 15,000 households are screened, with about 5,000 participants interviewed annually. Participation in the NSFG is completely voluntary and confidential. Interviews average 60 minutes for males and 80 minutes for females. The response rate since 2011 has been about 73 percent.

The NSFG program produces descriptive statistics which measure factors associated with birth and pregnancy rates, including contraception, infertility, marriage, divorce, and sexual activity, in the U.S. population 15–49; and behaviors that affect the risk of sexually transmitted diseases (STD), including HIV, and the medical care associated with contraception, infertility, and pregnancy and childbirth.

NSFG data users include the DHHS programs that fund it, including CDC/NCHS and nine others (The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NIH/NICHHD); the Office of Population Affairs (DHHS/OPA); the Children’s Bureau within the Administration for Children and Families (DHHS/ACF/CB); the ACF’s Office of Planning, Research, and Evaluation (DHHS/ACF/OPRE); the CDC’s Division of HIV/AIDS Prevention (CDC/DHAP); the CDC’s Division of STD Prevention (CDC/DSTDP); the CDC’s Division of Cancer Prevention and Control (CDC/DCPC); the CDC’s Division of Birth Defects and Developmental Disabilities (CDC/DBDDD); and the CDC’s Division of Reproductive Health (CDC/DRH). The NSFG is also used by state and local governments; private research and action organizations focused on men’s and women’s health, child well-being, and marriage and the family; academic researchers in the social and public health sciences; journalists, and many others.

No questionnaire changes are requested in the first 6 months of this clearance; limited changes including (1) the expansion of the age range from 15–44 years of age to 15–49, (2) some revision of the female and male questionnaires to incorporate new and modified items related to contraceptive use, reproductive health, preventive service screening/counseling, sexual orientation, health insurance, cigarette smoking, cancer risk, military service

and sheltered homelessness, and (3) the request to add or modify a small number of questions in 2017 using a non-

substantive change request, to be responsive to emerging public policy issues. There is no cost to respondents

other than their time. The total estimated annualized burden hours are 7,318.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of responses	Number of responses per respondent	Average burden per response (in hrs)
Individual	Screener Interview	15,000	1	3/60
Individual	Female Interview	2,750	1	90/60
Individual	Male Interview	2,350	1	60/60
Individual	Screener Verification	1,500	1	2/60
Individual	Main Verification	510	1	5/60

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**

[CFDA Number: 93.508]

**Announcing the Award of Six Single-
 Source Expansion Supplement Grants
 Under the Tribal Maternal, Infant, and
 Early Childhood Home Visiting (Tribal
 MIECHV) Program**

AGENCY: Office of Child Care, ACF,
 HHS.

ACTION: Notice of the award of six
 single-source program expansion
 supplement grants to Tribal Maternal,
 Infant, and Early Childhood Home
 Visiting (Tribal MIECHV) grantees.

SUMMARY: The Administration for
 Children and Families (ACF), Office of
 Child Care (OCC), Tribal Maternal,
 Infant, and Early Childhood Home
 Visiting (Tribal MIECHV) Program,
 announces the award of single-source
 program expansion supplement grants
 to the Confederated Salish and Kootenai
 Tribes in Pablo, MT, Confederated
 Tribes of Siletz Indians in Siletz, OR,
 Inter-Tribal Council of Michigan in
 Sault Ste. Marie, MI, Native American
 Health Center, Inc. in Oakland, CA, Red
 Cliff Band of Lake Superior Chippewa
 in Bayfield, WI, and Riverside-San
 Bernardino County Indian Health, Inc.
 in Banning, CA.

The Fiscal Year 2015 single-source
 program expansion supplement grants
 will support the grantees' project
 activities as they continue to implement
 their Tribal MIECHV programs and will

allow for opportunities for enhanced, or
 expanded, service delivery.

DATES: The period of support is July 1,
 2015 through June 30, 2016 for the
 Native American Health Center, Inc. and
 the Riverside-San Bernardino County
 Indian Health, Inc., and, September 30,
 2015 through September 29, 2016 for
 Confederated Salish and Kootenai
 Tribes, the Confederated Tribes of Siletz
 Indians, the Inter-Tribal Council of
 Michigan, and the Red Cliff Band of
 Lake Superior Chippewa.

FOR FURTHER INFORMATION CONTACT:
 Rachel Schumacher, Director, Office of
 Child Care, 901 D Street SW.,
 Washington, DC 20447. Telephone:
 (202) 401-6984; Email:
rachel.schumacher@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: The Tribal
 Maternal, Infant and Early Childhood
 Home Visiting (MIECHV) Program,
 funded from a 3 percent set-aside to the
 Maternal, Infant, and Early Childhood
 Home Visiting Program, is designed to
 strengthen tribal capacity to support and
 promote the health and well-being of
 American Indian and Alaska Native
 (AIAN) families; expand the evidence
 base around home visiting in tribal
 communities; and support and
 strengthen cooperation and linkages
 between programs that service AIAN
 children and their families. Funds
 under the Tribal MIECHV Program
 support Indian tribes, consortia of
 tribes, tribal organizations, and urban
 Indian organizations to provide high-
 quality, culturally relevant, voluntary,
 evidence-based home visiting services
 to families in at-risk communities;
 conduct a needs and readiness
 assessment of the at-risk community;
 engage in collaborative planning and
 capacity building efforts to address
 identified needs; establish, measure,
 and report on progress toward meeting
 benchmark performance measures for
 participating children and families; and
 conduct rigorous local evaluations to
 answer questions of importance to tribal

communities and examine the
 effectiveness of home visiting programs
 with AIAN populations.

A single-source supplemental grant of
 \$45,000 was awarded to the
 Confederated Salish and Kootenai
 Tribes in Pablo, MT, to support the hire
 of an additional home visitor. A single-
 source supplemental grant of \$25,000
 was awarded to Confederated Tribes of
 Siletz Indians in Siletz, OR, to support
 their goal of providing needed services
 to families with children aged 3 to 5
 years old. A single-source supplemental
 grant of \$120,000 was awarded to Inter-
 Tribal Council of Michigan in Sault Ste.
 Marie, MI, to support appropriate
 reflective supervision for its home
 visitors and to expand services at a high
 performing site where there is a waiting
 list. A single-source supplemental grant
 of \$50,000 was awarded to the Native
 American Health Center, Inc. in
 Oakland, CA, to provide enhanced
 mental health support to high-risk
 families and home visitors. A single-
 source supplemental grant of \$50,000
 was awarded to the Red Cliff Band of
 Lake Superior Chippewa in Bayfield,
 WI, to support provision of reflective
 supervision for program staff, including
 the development of culturally
 appropriate strategies, and to support
 enhanced dissemination of information
 about the community's home visiting
 program and its early childhood system
 (e.g., digital storytelling). A single-
 source supplemental grant of \$45,000
 was awarded to Riverside-San
 Bernardino County Indian Health, Inc.
 in Banning, CA, to support the hire of
 an additional home visitor.

Statutory Authority: Section 511(h)(2)(A)
 of Title V of the Social Security Act, as added
 by Section 2951 of the Patient Protection and
 Affordable Care Act, Pub. L. 111-148, and