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

NCEH/ATSDR Exposure Investigations (EIs) [OMB NO: 0923–0040]—Extension—The National Center for Environmental Health (NCEH), and the Agency for Toxic Substances and Disease Registry (ATSDR), and the Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a brief summary of a joint clearance between the NCEH and ATSDR, (hereafter ATSDR will represent both ATSDR and NCEH). ATSDR is mandated pursuant to the 1980 Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Reauthorization Act (SARA) to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances in the environment. EIs are an approach developed by ATSDR that employs targeted biologic (*e.g.,* urine, blood, hair samples) and environmental (*e.g.,* air, water, soil, or food) sampling to determine whether people are or have been exposed to unusual levels of pollutants at specific locations (*e.g.*, where people live, spend leisure time, or anywhere they might come into contact with contaminants under investigation). After a chemical release or suspected release into the environment, ATSDR's EIs are used by public health professionals, environmental risk managers, and other decision makers to determine if current conditions warrant intervention strategies to minimize or eliminate human exposure. EIs are usually requested by officials of a state health agency, county health departments, the Environmental Protection Agency, the general public, and ATSDR staff.

ATSDR has been conducting EIs since 1995 throughout the United States. All of ATSDR's biomedical assessments and some of the environmental investigations involve participants. Participation is completely voluntary. To assist in interpreting the sampling results, a survey questionnaire appropriate to the specific contaminant is administered to participants. ATSDR collects contact information (*e.g.*, name, address, phone number) to provide the participant with their individual results. Name and address information are broken into nine separate questions (data fields) for computer entry. General information, which includes height, weight, age, race, gender, *etc.*, is also collected primarily on biomedical investigations to assist with results interpretation. General information can account for approximately 28 questions per investigation. Some of this information is investigation-specific; not all of this data is collected for every investigation. ATSDR is seeking an extension of our approved set of 61 general information questions.

ATSDR also collects information on other possible confounding sources of chemical(s) exposure such as medicines taken, foods eaten, hobbies, jobs, *etc.* In addition, ATSDR asks questions on recreational or occupational activities that could increase a participant's exposure potential. That information represents an individual's exposure history. To cover those broad categories, ATSDR is seeking an extension to our approved sets of topical questions. Of these, we use approximately 12–15 questions about the pertinent environmental exposures per investigation. This number can vary depending on the number of chemicals being investigated, the route of exposure (*e.g.*, breathing, eating, touching), and number of other sources of the chemical(s) (*e.g.*, products used, jobs).

Typically, the number of participants in an individual EI ranges from 10 to 50. Questionnaires are generally needed in less than half of the EIs (approximately 10–15 per year).

The subject matter for the complete set of topical questions includes the following: (1) Media specific which includes: Air (indoor/outdoor); water (water source and plumbing); soil, and food (gardening, fish, game, domestic animals (*e.g.*, chickens)). (2) Other sources such as: Occupations; hobbies; household chemical uses and house construction characteristics; lifestyle (*e.g.*, smoking); medicines and/or health conditions, and foods.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Exposure Investigation Participants	750	1	30/60	375

Dated: April 8, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–8537 Filed 4–14–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

Proposed Project: The Health Education Assistance Loan (HEAL) Program: Forms (OMB No. 0915–0034)—Extension

The HEAL program provided federally insured loans to assure the availability of funds for loans to eligible students to pay for their education costs. In order to administer and monitor the HEAL program the following forms are utilized: the Lender's Application for Contract of Federal Loan Insurance form (used by lenders to make application to the HEAL insurance program); the Borrower's Deferment Request form (used by borrowers to request deferments on HEAL loans and used by lenders to determine borrower's eligibility for deferment); the Borrower Loan Status update electronic submission (submitted monthly by lenders to the Secretary on the status of each loan); and the Loan Purchase/Consolidation electronic submission (submitted by lenders to the Secretary to report sales, and purchases of HEAL loans).

The estimates of burden for the forms are as follows:

HRSA form	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Lender's Application for Contract of Federal Loan Insurance	13	1	13	0.13	2
Borrower's Deferment Request:					
Borrowers	58	1	58	0.17	10
Employers	43	1.34	58	0.08	5
Borrower Loan Status Update	8	13	104	0.17	18
Loan Purchase/Consolidation	1	1	1	0.07	.07
Total	123		234		35

E-mail comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 8, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–8608 Filed 4–14–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; A Process Evaluation of the NIH Director's Pioneer Award (NDPA) Program

Summary: 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 Office of the Director, the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

An Outcome Evaluation of the NIH Director's Pioneer Award (NDPA) Program. *Type of Information Collection Request:* New collection. *Need and Use of Information Collection:* This study will assess the NDPA Program outputs and outcomes. The primary objectives of the study are to assess: (1) Whether the NDPA awardees are conducting pioneering research, and (2) whether there are spillover effects on the awardees, their lab members, NIH, and the scientific community. The findings will provide valuable information concerning the success of the awardees (pioneers) and whether the characteristics of the NDPA program are adopted by other NIH programs.

Frequency of Response: Once. *Affected Public:* none. *Type of Respondents:* Applicants, Interviewees (finalist), Pioneer Lab Members, Focus Group Panelists. There are no Capital Costs to report. *Estimated Number of Respondents:* 83; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* 2.14 (60 minutes for awardees, 10 minutes for finalists, 30 minutes for pioneer lab members, and 10 hours for focus group panelists).

Estimated Total Annual Burden Hours Requested: 177.83 and the annualized cost to respondents is estimated at $11,308.21. Table 1 and Table 2, respectively, present data concerning the burden hours and cost burdens for this data collection.

TABLE 1—ANNUALIZED ESTIMATE OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time for response (hr)	Total hour burden*
Awardees (Pioneers)	22	1	1.0	22.00
Finalists	20	1	0.16	3.33
Pioneer Lab Members	25	1	0.5	12.5
Expert Panel	14	1	10.0	140.00