

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.

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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

TABLE 1—ANNUALIZED ESTIMATE OF HOUR BURDEN—Continued

Type of respondents	Number of respondents	Frequency of response	Average time for response (hr)	Total hour burden*
Total	83	1	2.14	177.83

Total Burden = N Respondents *Response Frequency *(minutes to complete/60).

TABLE 2—ANNUALIZED COST TO RESPONDENTS

Type of respondents	Number of respondents	Response frequency	Approx. hourly wage rate	Total respondent cost**
Awardees	22	1	\$64.72	\$1,423.84
Finalists	20	1	64.72	215.52
Pioneer Lab Members	25	1	46.23	577.88
Focus Group Panel	14	1	64.72	9,060.80
Total	83	1	63.59	11,308.21

** Total Respondent Cost = Total Hour Burden * Hourly Wage Rate.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact G. Stephane Philogene, Ph.D., Assistant Director for Policy and Planning, Office of Behavioral and Social Sciences Research, National Institutes of Health, 31 Center Drive, Building 31, Room B2-B37, Bethesda, MD 20892, or call non-toll-free number 301-402-3902 or e-mail your request, including your address to: philoges@od.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: April 8, 2009.

G. Stephane Philogene,

Assistant Director for Policy and Planning, OBSSR, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09-09BI]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 or send comments to Maryam Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Written comments should be received within 60 days of this notice.

Proposed Project

Minority HIV/AIDS Research Initiative (MARI) Project-Family and Cultural Influences on Talking Strategies (New 60-day FRN); National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval to conduct an assessment of the determinants of factors associated with parent-adolescent communication about sex among African-American and Hispanic mothers and their children in the southwestern United States. In the United States, non-Hispanic Black and Hispanic adolescents have been disproportionately impacted by HIV/AIDS. In 2006, based on CDC data from the 50 states and the District of Columbia, non-Hispanic Blacks and Hispanics made up 16% and 17%, respectively (34% total), of the 13-19 year-old population, but 69% and 19% respectively (88% total) of AIDS diagnoses among that age group. In addition, current trends suggest that a large number of persons with HIV/AIDS are infected in their adolescent years, and there may be a long latency period before signs of infection present in later years. Individuals may develop patterns of sexual behavior in adolescence that put them at risk for infection with HIV.