Contractor that wants to expand its Medicare cost-based contract with CMS under Section 1876 of the Social Security Act, as amended by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and subsequent legislation can complete the application. Form Number: CMS-10237 (OMB#: 0938-0935); Frequency: Yearly; Affected Public: Business or other for-profits and not-for-profit institutions; Number of Respondents: 355; Total Annual Responses: 355; Total Annual Hours: 11,831 (For policy questions regarding this collection contact Letticia Ramsey at 410-786-5262. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site at http://www.cms.hhs.gov/PaperworkReductionActof1995, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following August 10, 2010:

- 1. Electronically. You may submit your comments electronically to http://www.regulations.gov. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.
- 2. By regular mail. You may mail written comments to the following

address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 4, 2010.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2010–13898 Filed 6–10–10; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Developmental Disabilities Program Independent Evaluation Project.

OMB No.: 0970-0372.

Description: The National
Independent Study of the State
Developmental Disabilities Programs
(National Study) is an independent
(non-biased) study to examine through
rigorous and comprehensive research
procedures the three programs funded
under the Developmental Disabilities
Assistance and Bill of Rights Act of
2000 (DD Act): (1) State Councils on
Developmental Disabilities (SCDDs); (2)
State Protection and Advocacy Systems
for Individuals with developmental
disabilities (P&As); and (3) University
Centers for Excellence in Developmental

Disabilities (UCEDDs). The purpose of the study is to assess program effectiveness and achievements, including collaborative efforts among these state developmental disabilities (DD) network programs. A component of the study will be an examination of the Administration on Developmental Disabilities' efficiency and effectiveness to support these DD Network programs. The results of this evaluation will provide a report to the Administration on Developmental Disabilities (ADD) (the agency that administers these programs) with information on the effectiveness of its programs and policies and serve as a way for ADD to promote accountability to the public.

The independent study is a response to accountability requirements for ADD as identified in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), the Government Performance and Results Act (GPRA) of 1993, and the Program Assessment Rating Tool (PART), previously administered by the Office of Management and Budget (OMB).

ADD has OMB approval for all the evaluation tools (e.g., data collection instruments) for this study, except a new one being proposed. The new evaluation tool would be an on-line survey tool designed to collect data for an assessment of ADD.

Respondents: For the ADD assessment survey being added, the respondents would be Staff of State Councils on Developmental Disabilities, State Protection and Advocacy Systems for Individuals with developmental disabilities, and University Centers for Excellence in Developmental Disabilities, Education, Research, and Service.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of re- spondents | Number of re- sponses per respondent | Average bur- den hours per response | Total burden hours |
|--|----------------------------|--|---|--------------------|
| DD Council: Executive Director Interview | 20 | 1 | 4 | 80 |
| DD Council: Interview with Council Chair/Council Members | 60 | 1 | 0.75 | 45 |
| DD Council: Group Interview with Policymakers, Collaborators, and Grant- | | | | |
| ees | 160 | 1 | 2 | 320 |
| UCEDD: Telephone Interview with Current and Graduated Students | 100 | 1 | 0.75 | 75 |
| UCEDD: Interview with the Consumer Advisory Committee | 60 | 1 | 0.75 | 45 |
| UCEDD: Interview with Peer Researchers and Colleagues | 100 | 1 | 0.75 | 75 |
| UCEDD: Interview with Recipients of Community Services or Members of | | | | |
| Organizations/Agencies that are Trained to Provide Community Services | 100 | 1 | 0.75 | 75 |
| UCEDD: Self-administered Form | 20 | 1 | 8 | 160 |
| P&A: Executive Director Interview | 20 | 1 | 4 | 80 |
| P&A: Staff Interview | 60 | 1 | 0.75 | 45 |
| P&A: Board of Directors (Commissioners)-Chair and Members | 60 | 1 | 0.75 | 45 |
| P&A: Group Interview with Policymakers and Collaborators | 160 | 1 | 2 | 320 |
| P&A: Interview with Recipient of Community Education | 100 | 1 | 0.75 | 75 |
| P&A: Interview with Clients | 100 | 1 | 0.75 | 75 |
| P&A: Self-administered Form | 20 | 1 | 8 | 160 |
| UCEDD: Interview with Director | 20 | 1 | 4 | 80 |

| Instrument | Number of re- spondents | Number of responses per respondent | Average bur- den hours per response | Total burden hours |
|---|----------------------------|------------------------------------|---|--------------------|
| DD Council: Group Interview with Recipients of Self-Advocacy and Leader- ship Education and Training | 100 | 1 | 0.75 | 75 |
| DD Council: Group Interview with Recipients of Education and Training to | 100 | _ | 0.75 | 75 |
| Improve Community Capacity | 100 | | 0.75 | 75 |
| DD Council: Self-administered Form | 20 | ' | 8 | 160 |
| istration of Proposed Information Collection Instruments | 20 | 1 | 33.50 | 670 |
| P&A Estimate of Total Burden Hours for Activities to Support Administration | | | | |
| of Proposed Information Collection Instruments | 20 | 1 | 33.50 | 670 |
| UCEDD Estimate of Total Burden Hours for Activities to Support Adminis- | | | | |
| tration of Proposed Information Collection Instruments | 20 | 1 | 33.50 | 670 |

ANNUAL BURDEN ESTIMATES—Continued

Estimated Total Annual Burden Hours: 4,120.

ADD Assessment Survey

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: infocollection@acf.hhs.gov. All requests should be identified by the title of the

The Department specifically requests comments 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) 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

information collection.

other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

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Dated: June 7, 2010.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2010-14002 Filed 6-10-10; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443—1129.

The following request has been submitted to the Office of Management

and Budget for review under the Paperwork Reduction Act of 1995:

0.75

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Proposed Project: Federally Qualified Health Centers (FQHC) Application Forms: (OMB No. 0915–0285)— Revisions

HRSA's Bureau of Primary Health Care administers grants to Health Centers receiving funding under section 330 of the Public Health Service Act and has an approval process for organizations seeking to qualify as Federally Qualified Health Center (FQHC) Look Alikes. These Health Centers and FOHC Look Alikes provide preventive and primary health care services to low-income and other vulnerable populations, regardless of their ability to pay and whether or not they have health insurance. Many Health Centers and FOHC Look-Alikes offer dental, mental health and substance abuse care.

HRSA uses the following application forms to administer Section 330 Health Centers grants and the FQHC Look Alike application process. These application forms are used by new and existing Health Centers and FQHC Look-Alikes to apply for grant and non-grant opportunities, renew their grant or nongrant opportunities or change their scope of project.

Estimates of annualized reporting burden are as follows:

| Type of application form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|---|-----------------------|--------------------------------|--------------------|--------------------|--------------------|
| General Information Worksheet | 1,034 | 1 | 1,034 | 2.0 | 2,068 |
| Planning Grant: General Information Worksheet | 250 | 1 | 250 | 2.5 | 625 |
| BPHC Funding Request Summary | 1,034 | 1 | 1,034 | 2.0 | 2,068 |
| Documents on File | 1,034 | 1 | 1,034 | 1.0 | 1,034 |
| Proposed Staff Profile | 1,034 | 1 | 1,034 | 2.0 | 2,068 |
| Income Analysis Form | 1,034 | 1 | 1,034 | 5.0 | 5,170 |
| Community Characteristics | 1,034 | 1 | 1,034 | 1.0 | 1,034 |
| Health Care Plan (Competing) | 800 | 1 | 1,034 | 4.0 | 4,136 |
| Health Care Plan (Non-Competing) | 1,034 | 1 | 1,034 | 2.0 | 2,068 |
| Business Plan (Competing) | 800 | 1 | 1,034 | 4.0 | 4,136 |