

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN<sup>1</sup>

21 CFR section	Number of respondents	Annual frequency per response	Total annual responses	Hours per response	Total hours
806.10 .....	666	1	666	10	6,660

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

TABLE 2—ESTIMATED AVERAGE ANNUAL RECORDKEEPING BURDEN<sup>1</sup>

21 CFR Section	Number of recordkeepers	Annual frequency per recordkeeping	Total annual records	Hours per record	Total hours
806.20 .....	90	1	90	10	900

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

Respondents to this collection of information are manufacturers and importers of medical devices. FDA reviewed reports of device corrections and removals submitted to the Agency for the previous 3 years as part of responding to the current request for approval of the information collection requirements for §§ 806.10 and 806.20. This information was obtained through the Agency's voluntary recall provisions (*i.e.*, 21 CFR part 7). The specific information requested was the total number of class I, II, and III recalls for the last 3 years. This information was obtained from the Agency's Recall Enterprise System—a database of all recalls submitted to the Agency.

This information is relevant since a § 806.10 report is required for all class I and II recalls. Although class III recalls are not required to be submitted to FDA (by § 806.10) a record must be kept in the firm's § 806.20 file. Therefore, the number of class I and II recalls can be used to estimate the maximum number of reports that are required to be submitted under § 806.10. Also, the recordkeeping burden can be estimated based upon the number of class III recalls, which are not required to be

reported but must be retained in a § 806.20 file.

FDA has determined that estimates of the reporting burden for § 806.10 should be revised to reflect a projected 7.3 percent increase (from the last PRA numbers) in reports submitted to FDA as class I and II. FDA also estimates the recordkeeping burden in § 806.20 should be revised to reflect a reduction of 6.8 percent (from the last PRA numbers) in records filed and maintained under this section. The estimates of time needed to collect part 806 information have not changed.

Dated: November 16, 2010.

**Leslie Kux,**

*Acting Assistant Commissioner for Policy.*

[FR Doc. 2010–29520 Filed 11–22–10; 8:45 am]

**BILLING CODE 4160–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Application Requirements for the Low Income Home Energy

Assistance Program (LIHEAP) Model Plan.

*OMB No.:* 0970–0075.

*Description:* States, including the District of Columbia, Tribes, Tribal Organizations and Territories applying for LIHEAP block grant funds must submit an annual application (Model Plan) that meets the LIHEAP statutory and regulatory requirements prior to receiving Federal funds. A detailed application must be submitted every three years. Abbreviated applications may be submitted in alternate years. There have been no changes in the Model Plan since the approval of the addition of the LIHEAP Program Integrity Assessment Supplement by the Office of Management and Budget earlier this year.

*Respondents:* State, Local or Tribal Governments.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
LIHEAP Program Integrity Assessment and Plan .....	216	1	1	216
Detailed Model Plan .....	72	1	1	72
Abbreviated Model Plan .....	144	1	.33	47.5
Estimated Total Annual Burden Hours .....	.....	.....	.....	335.5

### Additional Information

Copies of the proposed collection may be obtained 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. All requests should be identified by the title of the information collection. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

### OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, E-mail: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn: Desk Officer for the Administration for Children and Families.

Dated: November 18, 2010.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2010-29479 Filed 11-22-10; 8:45 am]

**BILLING CODE 4184-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

### Notice of Intent to Provide Supplemental Funding

**ACTION:** Notice of intent to provide supplemental funding to the existing cooperative agreement (90AM3204) with the Administration on Aging and a request for a supplemental application.

**SUMMARY:** The Administration on Aging is announcing the availability of supplemental grant funds for the support of the Senior Medicare Program (SMP). The goal of this supplemental is a program expansion for one award to include direct Medicare fraud prevention intervention activities in high risk areas.

**Funding Opportunity Title/Program Name:** National Hispanic SMP (NHSMP).

**Announcement Type:** Proposed program expansion.

**Funding Opportunity Number:** Program Announcement No. HHS-2011-AoA-MP-1102.

**Statutory Authority:** HIPAA of 1996 (Pub. L. 104-191).

**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.048 Discretionary Projects.

**DATES: Key Dates:** The deadline date for comments under this Program Announcement is December 23, 2010. Other Important dates:

1. The supplemental application due date is November 29, 2010.
2. The anticipated start date is December 2010.
3. The opening date begins on the first day of publication of this notice.
4. The expiration date is December 5, 2010.

### I. Funding Opportunity Description

Since September 2008 NHCOA has operated the NHSMP providing technical assistance to all SMP projects nation-wide pertaining to Hispanic community issues. The goal of the SMP program is to prevent or reduce the billions of dollars loss annually due to Medicare/Medicaid fraud, error and abuse. The Centers for Medicare & Medicaid Services data has revealed that Medicare fraud is rampant in the Hispanic community. Hispanic older adults are especially vulnerable to Medicare fraud due to social isolation from the general population due to a combination of linguistic and cultural factors. This goal of this program expansion is to target direct intervention activities in South Florida, especially Miami and Dade counties. Intervention activities must be relevant to the unique characteristics of the older Hispanic community designed to increase awareness of the SMP program and fraud prevention.

### II. Award Information

A. **Purpose of the Award:** Health Care Fraud Prevention Program Expansion.

B. **Amount of the Award:** \$335,000.

C. **Project Period:** December 1, 2010–May 31, 2011.

### III. Eligible Applicant

The National Hispanic Council on Aging.

### IV. Evaluation Criteria

A. **Purpose and Need for Assistance—Weight: 20 Points**

Does the proposed project clearly and adequately describe the targeted population and document the need for intervention?

### B. Approach, Work Plan and Activities—Weight: 30 Points

Does the proposal reflect a coherent and feasible approach for successfully addressing the identified problems? (10)

Is the project work plan clear and comprehensive? (10)

Does the applicant demonstrate experience in working with targeted population? (10)

### C. Project Outcomes, Evaluation and Dissemination—Weight: 20 Points

Are the expected expansion benefits/results clear and realistic? (10)

Does the project expansion contain an evaluation component? (5)

Will results be disseminated to AoA and other interested parties? (5)

### D. Level of Effort—Weight: 30 Points

Does key staff have the background, experience to carry out their designated roles? (10)

Are budget line items clearly delineated and consistent with work plan objectives? (10)

Has the applicant demonstrated the organization's capacity to implement the work plan? (10)

### V. Application and Submission Requirements

A. SF 424—Application for Federal Assistance.

B. SF 424A—Budget Information.

C. Separate Budget Narrative/Justification.

D. SF 424B—Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).

E. Lobbying Certification.

F. Program narrative no more than five pages including the following items:

- Summary/Abstract summary page
- Expansion Proposal
- Anticipated outcome(s)
- Work Plan.

H. The application should be submitted through [grants.gov](http://grants.gov) using the funding opportunity #HHS-2011-AoA-MP-1102.

### VI. Application Review Information

Three Federal Reviewers external to the Office of Elder Rights will score the application.

### VII. Agency Contact

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Office of Elder Rights, Washington, DC 20201, telephone: Barbara Dieker, (202) 357-0139; e-mail [Barbara.Dieker@aoa.hhs.gov](mailto:Barbara.Dieker@aoa.hhs.gov).