(12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than April 24, 2012.

A. Federal Reserve Bank of Richmond (Adam M. Drimer, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261–4528:

1. *City Holding Company,* Cross Lanes, West Virginia; to acquire 100 percent of the voting shares of Virginia Savings Bancorp, Inc., and thereby indirectly acquire Virginia Savings Bank, F.S.B., both in Front Royal, Virginia, and thereby engage in operating a savings and loan association, pursuant to section 225.28(4)(ii).

Board of Governors of the Federal Reserve System, April 4, 2012.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2012–8480 Filed 4–6–12; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12HN]

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 404–639–7570 or send comments to Ron Otten, at CDC, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email 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

Evaluation of U.S. Family Planning Guidelines—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention's (CDC) Division of Reproductive Health (DRH), in collaboration with the Office of Population Affairs (OPA), plans to conduct an evaluation of the diffusion, utilization of, and impact on provider- and clinic-level attitudes and practices of three national guidance documents. These guidelines, which are intended to improve contraceptive use and the delivery of quality family planning services in the United States, are: (1) The U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC); (2) the forthcoming U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR); and (3) the forthcoming Guidelines for Providing Quality Family Planning Services (QFPS). The guidance documents have or will be widely disseminated to health-care providers and other constituents, via professional organizations, federal program grantees, scientific and programmatic meetings, scientific manuscripts, online resources, and other avenues, as deemed appropriate. The purpose of this information collection is to evaluate the adoption and implementation of recommendations included in the U.S. MEC, approximately two years after its release, and to collect baseline information on selected attitudes and practices that will be addressed in the forthcoming U.S. SPR and QFPS. The information to be collected will also allow CDC and OPA to improve family planning-related public health practice, as CDC and OPA will tailor future dissemination activities, and develop needed provider tools, based upon the results. CDC will consider conducting a follow-up information collection approximately three years after the baseline survey.

For the baseline information collection, CDC plans to administer a mailed survey to a sample of 13,125 private- and public-sector family planning providers and clinic administrators in the United States. Private-sector providers will be randomly selected from sampling frames with individual-level information on providers. To reach public-sector providers and clinic administrators, publicly funded clinics will be randomly selected; one provider and the clinic administrator will be asked to complete surveys at sampled clinics. Specifically, surveys will be completed by: (a) 3,125 private-sector office-based physicians (i.e., those specializing in obstetrics/gynecology, family medicine, and adolescent medicine), sampled from the American Medical Association Physician Masterfile; (b) 2,000 private-sector mid-level providers (i.e., nurse practitioners in women's health and certified nurse midwives), sampled from the Nurse Practitioners in Women's Health (NPWH) and the American College of Nurse Midwives (ACNM) membership lists; (c) 2,000 providers from Title X clinics, sampled from the Guttmacher Institute database of publicly funded family planning clinics; (d) 2,000 providers from non-Title X clinics, sampled from the Guttmacher Institute database of publicly funded family planning clinics; (e) 2,000 clinic administrators from Title X clinics, sampled from the Guttmacher Institute database of publicly funded family planning clinics; and (f) 2,000 clinic administrators from non-Title X clinics, sampled from the Guttmacher Institute database of publicly funded family planning clinics.

Each sampled provider and clinic will receive a mailed survey package. For private-sector family planning providers, each mailed survey package will include a single survey to be completed by the provider. For public-sector clinics, each mailed survey package will include two surveys—one to be completed by a randomly selected family planning provider at the clinic, and the second to be completed by the clinic administrator. Each mailed survey will be accompanied by a postage-paid return envelope. Individuals will also be given the option to complete the survey online via a password protected web-based data collection system. Participation in the survey will be completely voluntary. OMB approval is requested for one year.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Office-based physicians (private sector).	2012 Survey of Provider Attitudes and Practices Surrounding Contraceptive Provision.	3,125	1	24/60	1,250
Mid-level providers (private sector).	2012 Survey of Provider Attitudes and Practices Surrounding Contraceptive Provision.	2,000	1	24/60	800
Title X clinic providers (public sector).	2012 Survey of Provider Attitudes and Practices Surrounding Contraceptive Provision.	2,000	1	24/60	800
Non-Title X publicly funded clinic providers (public sector).	2012 Survey of Provider Attitudes and Practices Surrounding Contraceptive Provision.	2,000	1	24/60	800
Title X clinic administrators (public sector).	2012 Survey for Administrators of Publicly Funded Family Planning Clinics.	2,000	1	24/60	800
Non-Title X publicly funded clinic administrators (public sector).	2012 Survey for Administrators of Publicly Funded Family Planning Clinics.	2,000	1	24/60	800
Total					5,250

Dated: April 3, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–8448 Filed 4–6–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Child Welfare Demonstration Projects Information Collection.

OMB No.: New.

Description: Per section 1130 of the Social Security Act as amended by Public Law 112–34, the Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau (CB) is planning to announce an opportunity for title IV–E agencies to submit proposals for new child welfare waiver demonstration projects. CB is able to approve up to ten child welfare waiver demonstration projects in each of Fiscal Years 2012, 2013 and 2014. These waiver demonstration projects involve the waiver of certain requirements of title IV–E and IV–B. These projects do not provide additional funding to carry out new services; rather they allow more flexible uses of Federal funds in order to test new approaches to service delivery or financing structures in an effort to improve outcomes for children and families involved in the child welfare system. We encourage title IV–E agencies wishing to apply for approval of a waiver demonstration project to submit a letter of intent followed by a full proposal at a later date. For title IV–E agencies that choose to submit a letter of intent, the letter of intent should indicate the title IV–E agency's intent to submit a proposal, and briefly describe the demonstration project, including the nature of the intervention the agency wishes to implement, the target population the agency wishes to serve, the reasons for selecting the proposed project and the evaluation design that the agency is considering. The full proposal must describe the project in extensive detail including the goals identified in statute that the project is intended to accomplish, the geographic areas in which the proposed project will be conducted, the service interventions to be implemented, the impact intervention is expected to have on outcomes related to safety, permanency, well-being, how service provision will change for children and families under the waiver demonstration, a statement of program requirements for waivers needed to conduct the project, an estimate of the projected costs or savings of the proposed project, a description of the proposed evaluation design and an accounting of any other sources of funding that have been used to provide the services that the agency now proposes to address under a waiver demonstration.

Respondents: State Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Letter of Intent	10	1	5	50
Full proposal	10	1	40	400