

(1) What is the extent of the problem and its consequences.

(2) What are the differences in youth violence prevalence among subgroups and communities and how might they inform prevention approaches.

(3) What is the availability and adaptability of evidence-based prevention programs.

**Purpose of Notice:** The purpose of this notice is to provide individuals and organizations the opportunity to identify issues and areas of need for consideration as we gather information to inform the Surgeon General's document on youth violence. All comments will receive careful consideration.

Dated: January 5, 2012.

**Tanja Popovic,**

*Deputy Associate Director for Science, Centers for Disease Control and Prevention.*

[FR Doc. 2012-918 Filed 1-18-12; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Tribal Consultation; Notice of Meeting

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice of Tribal Consultation.

**SUMMARY:** The Department of Health and Human Services (HHS), Administration for Children and Families (ACF) will host a Tribal Consultation to consult on ACF programs and tribal priorities.

**DATES:** March 5-6, 2012.

**ADDRESSES:** Renaissance Hotel, 999 9th Street NW., Washington, DC 20001.

**FOR FURTHER INFORMATION CONTACT:**

Lillian A. Sparks, Commissioner, Administration for Native Americans at (202) 401-5590, by email at [Lillian.sparks@acf.hhs.gov](mailto:Lillian.sparks@acf.hhs.gov), or by mail at 370 L'Enfant Promenade SW., 2 West, Washington, DC 20447.

**SUPPLEMENTARY INFORMATION:** On November 5, 2009, President Obama signed the "Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation." The President stated that his Administration is committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications, including, as an initial step, through complete and consistent implementation of Executive Order 13175.

The United States has a unique legal and political relationship with Indian

tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of Federal policies that have tribal implications, and are responsible for strengthening the government-to-government relationship between the United States and Indian tribes.

HHS has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade, including the initial implementation of a Department-wide policy on tribal consultation and coordination in 1997, and through multiple evaluations and revisions of that policy, most recently in 2008. Many HHS agencies have already developed their own agency-specific consultation policies that complement the Department-wide efforts.

In August 2011, ACF issued its Consultation Policy in partnership with tribes. This policy will help our program offices and program office regional presence to better engage Federally Recognized Indian Tribes in the development or revision of policies, regulations, and proposed legislation that impact American Indians. ACF firmly believes that in order to create a good working relationship with tribes, it starts with requesting and receiving input from the tribes to ensure that we are meeting their needs and to establish a partnership that can carry us into the future.

Testimonies may be submitted no later than February 24, 2012, to: Lillian Sparks, Commissioner, Administration for Native Americans, 370 L'Enfant Promenade SW., Washington, DC 20447. [anacommissioner@acf.hhs.gov](mailto:anacommissioner@acf.hhs.gov).

However, this deadline does not preclude anyone from providing testimony at the session and we will, to the extent that time allows, hear your testimony. If you plan on attending to present your testimony, please provide the name, title, and tribe of the individual who will be presenting to Kimberly Romine. Ms. Romine may be reached at [Kimberly.romine@acf.hhs.gov](mailto:Kimberly.romine@acf.hhs.gov) or by phone at (202) 205-5603. In order to facilitate the discussion, we ask that presenters provide a brief overview of the testimony and include the specific issues to be addressed at the session. For any tribe unable to attend to present testimony, please be aware that ACF will keep the testimony record open for

30 days after the date of the consultation. After 30 days, ACF will provide written responses to all testimonies received, including those that were presented in person. To register for the consultation, please submit your name, tribe or organization, phone, and email address to Ms. Romine.

In addition to the Tribal Consultation session, ACF will be hosting a half day Tribal Training and Technical Assistance session to provide information about ACF programs, and ACF's Integration and Interoperability Initiative. The Tribal Training and Technical Assistance session will be held the morning of March 5, 2012, in the same room as the Tribal Consultation session.

Dated: January 11, 2012.

**George H. Sheldon,**

*Acting Assistant Secretary for Children and Families.*

[FR Doc. 2012-1009 Filed 1-18-12; 8:45 am]

**BILLING CODE 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, email [paperwork@hrsa.gov](mailto: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:

#### Proposed Project: Data System for Organ Procurement and Transplantation Network and Associated Forms (OMB No. 0915-0157)—Extension

Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). The OPTN, among other responsibilities, operates and maintains a national waiting list of

individuals requiring organ transplants, maintains a computerized system for matching donor organs with transplant candidates on the waiting list, and operates a 24-hour system to facilitate matching organs with individuals included in the list. Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to indicate the disease severity of transplant candidates, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and transplantation in this country. Data are used to develop transplant, donation and allocation policies, to determine if institutional members are complying

with policy, to determine member specific performance, to ensure patient safety when no alternative sources of data exist and to fulfill the requirements of the OPTN Final Rule. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and others for evaluation, research, patient information, and other important purposes.

The OPTN is recommending addition of a new Liver Explant Pathology form to the OPTN data system. This new form was developed by the OPTN Liver and Intestinal Organ Transplantation Committee and will be used to collect

pathology data on liver transplant recipients who received waitlist exception points as a result of a diagnosis of hepatocellular carcinoma. Existing OPTN policy requires submission of post-transplant pathology reports by fax transmission, and the proposed form will provide standardized collection of this already-required information.

There are also minor revisions to the existing data collection forms; the added fields were inadvertently left off of the forms at the time of the initial submission. Several of these fields are "read only" and are included on the forms for information purposes only. One field is proposed to be removed as it represented duplicative information.

The annual estimate of burden is as follows:

Form	Number of respondents	Responses per respondents	Total responses	Hours per response	Total burden hours
Deceased Donor Registration .....	58	228	13,224	0.7500	9,918.00
Death referral data .....	58	12	696	10.0000	6,960.00
Death Notification Referral—Eligible .....	58	145	8,410	0.5000	4,205.00
Death Notification Referral—Imminent .....	58	124	7,192	0.5000	3,596.00
Living Donor Registration .....	311	23	7,153	0.6500	4,649.45
Living Donor Follow-up .....	311	78	24,258	0.5000	12,129.00
Donor Histocompatibility .....	158	94	14,852	0.1000	1,485.20
Recipient Histocompatibility .....	158	171	27,018	0.2000	5,403.60
Heart Candidate Registration .....	131	27	3,537	0.5000	1,768.50
Lung Candidate Registration .....	66	41	2,706	0.5000	1,353.00
Heart/Lung Candidate Registration .....	50	1	50	0.5000	25.00
Thoracic Registration .....	131	34	4,454	0.7500	3,340.50
Thoracic Follow-up .....	131	277	36,287	0.6500	23,586.55
Kidney Candidate Registration .....	239	154	36,806	0.5000	18,403.00
Kidney Registration .....	239	72	17,208	0.7500	12,906.00
Kidney Follow-up * .....	239	693	165,627	0.5500	91,094.85
Liver Candidate Registration .....	132	98	12,936	0.5000	6,468.00
Liver Registration .....	132	48	6,336	0.6500	4,118.40
Liver Explant Pathology .....	132	11	1,452	0.3400	493.68
Liver Follow-up .....	132	459	60,588	0.5000	30,294.00
Kidney/Pancreas Candidate Registration .....	144	11	1,584	0.5000	792.00
Kidney/Pancreas Registration .....	144	6	864	0.9000	777.60
Kidney/Pancreas Follow-up .....	144	75	10,800	0.8500	9,180.00
Pancreas Candidate Registration .....	144	4	576	0.5000	288.00
Pancreas Islet Candidate Registration .....	23	5	115	0.5000	57.50
Pancreas Registration .....	144	2	288	0.7500	216.00
Pancreas Follow-up .....	144	23	3,312	0.6500	2,152.80
Intestine Candidate Registration .....	43	5	215	0.5000	107.50
Intestine Registration .....	43	3	129	0.9000	116.10
Intestine Follow-up .....	43	25	1,075	0.8500	913.75
Post Transplant Malignancy .....	689	11	7,579	0.2000	1,515.80
Total .....			478,270		258,314.78

\* Includes an estimated 2,430 kidney transplant patients transplanted prior to the initiation of the data system.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to (202) 395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: January 12, 2012.

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

[FR Doc. 2012-954 Filed 1-18-12; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Health Information Technology Implementation

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of Noncompetitive Replacement Award to Tennessee Primary Care Association, Brentwood, Tennessee.

**SUMMARY:** The Health Resources and Services Administration (HRSA) will be transferring the American Recovery and Reinvestment Act (ARRA) (section 330 of the Public Health Service Act) Health Information Technology Implementation for Health Center Controlled Networks (HCCN) funds originally awarded to Community Health Network, Inc. (CHN), to the Tennessee Primary Care Association (TPCA) to ensure the implementation of a Health Center Controlled Network in the State of Tennessee.

#### SUPPLEMENTARY INFORMATION:

*Former Grantee of Record:*

Community Health Network, Inc.

*Original Period of Grant Support:*

June 1, 2010, to May 31, 2012.

*Replacement Awardee:* Tennessee Primary Care Association.

*Amount of Replacement Award:* \$1,807,399.60.

*Period of Replacement Award:* The period of support for the replacement award is December 1, 2011, to May 31, 2012.

**Authority:** Section 330 of the Public Health Service Act, 42 U.S.C. 245b.

*CFDA Number:* 93.703

#### Justification for the Exception to Competition

The former grantee (CHN) relinquished the grant and its

responsibilities due to financial difficulties as well as management and legal concerns. TPCA has been a HRSA funded Primary Care Association since 1985 and is a well established organization with sound fiscal and grants management operations.

In the effort to preserve the opportunity to advance information technology resources of the Tennessee's medically underserved communities, TPCA has demonstrated the capacity to fulfill the expectations of the original grant award and has collaborated with CHN's Board of Directors to plan for a smooth transition of the grant.

The transfer of these funds will ensure full implementation of the grant which will greatly advance the State of Tennessee's continuity of care and have a positive impact on population health. It will also help the participating health centers to meet requirements for Meaningful Use and Patient Centered Medical Home programs by the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) and/or the Joint Commission.

The implementation of a Health Center Controlled Network would assist with the advancement and effective use of Health Information Technology. These advancements will result in measurable improvements in patient outcomes and reductions of health disparities for underserved communities in the State of Tennessee. As a result, in order to ensure a timely implementation of a Health Center Controlled Network in the State of Tennessee as originally awarded, this replacement award will not be competed.

**FOR FURTHER INFORMATION CONTACT:** Ms. Mayra Nicolas via phone at (301) 594-4294 or via email at [mnicolas@hrsa.gov](mailto:mnicolas@hrsa.gov).

Dated: January 10, 2012.

**Mary K. Wakefield,**

*Administrator.*

[FR Doc. 2012-964 Filed 1-18-12; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on Migrant Health.

*Dates and Times:* February 7, 2012, 8:30 a.m. to 5 p.m.; February 8, 2012, 8:30 a.m. to 5 p.m.

*Place:* Crystal Gateway Marriott Hotel, 1700 Jefferson Davis Highway, Arlington, Virginia 22202. Telephone: (703) 920-3230. Fax: (703) 271-5212.

*Status:* The meeting will be open to the public.

*Purpose:* The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal farmworkers and their families and to formulate recommendations for the Secretary of Health and Human Services.

*Agenda:* The agenda includes an overview of the Council's general business activities. The Council will also hear presentations from experts on farmworker issues, including the status of farmworker health at the local and national levels.

Agenda items are subject to change as priorities indicate.

#### FOR FURTHER INFORMATION CONTACT:

Gladys Cate, Office of Special Population Health, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Room 15-62, Rockville, Maryland 20857; telephone (301) 594-0367.

Dated: January 12, 2012.

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

[FR Doc. 2012-959 Filed 1-18-12; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Proposed Collection; Comment Request: Solar Cell: A Mobile UV Manager for Smart Phones (NCI)

**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 National Cancer Institute (NCI), 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.

*Proposed Collection: Title:* Solar Cell: A Mobile UV Manager for Smart Phones (NCI). *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The overall goal of the study is to design a smart phone application, *Solar Cell*, which uses smart phone technology to aid users in protecting their skin from damaging ultraviolet radiation (UV) in sunlight, a primary cause of skin cancer. The purpose of this part of the study is to produce, deploy, and evaluate the