

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: HIV/AIDS Immune Response and Vaccines.

Date: July 19–20, 2012.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Virtual Meeting).

Contact Person: Robert Freund, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5216, MSC 7852, Bethesda, MD 20892, 301–435–1050, freundr@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Small Business: Basic and Integrative Bioengineering.

Date: July 19, 2012.

Time: 11:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: General Services Administration Building, L’Enfant Plaza SW., Washington, DC 20024–2197.

Contact Person: David R. Filpula, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6181, MSC 7892, Bethesda, MD 20892, 301–435–2902, filpuladr@mail.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Fellowship: Oncological Sciences.

Date: July 20–25, 2012.

Time: 9:00 a.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

Contact Person: Ross D. Shonat, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5156, MSC 7849, Bethesda, MD 20892, 301–435–2786, shonatr@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Thrombosis and Transplantation.

Date: July 20, 2012.

Time: 1:00 p.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Luis Espinoza, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6183, MSC 7804, Bethesda, MD 20892, 301–495–1213, espinozala@mail.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Language and Communication.

Date: July 20, 2012.

Time: 2:00 p.m. to 4:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Biao Tian, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3089B, MSC 7848, Bethesda, MD 20892, (301) 402–4411, tianbi@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: June 14, 2012.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2012–15207 Filed 6–20–12; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health

Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: Target Capacity Expansion Grants for Jail Diversion Programs—(OMB No. 0930–0277)—Revision

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Mental Health Services (CMHS) has implemented the Targeted Capacity Expansion Grants for Jail Diversion Programs, the Jail Diversion and Trauma Recovery Program represents the current cohort of grantees. The Program currently collects client outcome measures from program participants who agree to participate in the evaluation. Data collection consists of interviews conducted at baseline, six and twelve intervals, as well as the collection of data on participants from existing program records.

The current proposal requests the continuation of the data collection instruments previously approved by OMB. The only revision requested is a reduction in the respondent burden hours.

The following tables summarize the burden for the data collection.

CY 2013 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Hourly rate	Total hour cost
<i>Client Interviews for FY 2008, FY 2009, FY 2010</i>							
Baseline at enrollment	462	1	462	0.95	439	\$7.25	\$3,182
6 months	370	1	369	0.92	340	7.25	2,465
12 months	313	1	313	0.92	288	7.25	2,090
<i>Sub Total</i>	<i>1,145</i>	<i>.....</i>	<i>1,145</i>	<i>.....</i>	<i>1,067</i>	<i>.....</i>	<i>7,737</i>
<i>Record Management by FY 2008, 2009, 2010 Grantee Staff:</i>							
Events Tracking	13	500	6,500	0.03	195	15	2,925

CY 2013 ANNUAL REPORTING BURDEN—Continued

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Hourly rate	Total hour cost
Person Tracking	13	50	650	0.1	36	15	540
Service Use	13	50	650	0.17	110.5	15	1,658
Arrest History	13	50	650	0.17	110.5	15	1,658
<i>Sub Total</i>	<i>52</i>	<i>.....</i>	<i>8,450</i>	<i>.....</i>	<i>452</i>	<i>.....</i>	<i>6,780</i>
<i>FY 2008, FY 2009, and FY 2010 Grantees:</i>							
Interview and Tracking data submission	13	12	48	0.17	8	25	200
<i>Overall Total ..</i>	<i>1,210</i>	<i>.....</i>	<i>9,643</i>	<i>.....</i>	<i>1,527</i>	<i>.....</i>	<i>17,642</i>

CY 2014 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Hourly rate	Total hour cost
<i>Client Interviews for FY 2009 and 2010 Grantees</i>							
Baseline (at enrollment)	293	1	293	0.83	243.19	\$7.25	\$1,763
6 months	234	1	234.4	0.92	215.648	7.25	1,563
12 months	253	1	253	0.92	232.76	7.25	1,688
<i>Sub Total</i>	<i>780.4</i>	<i>.....</i>	<i>780.4</i>	<i>.....</i>	<i>692</i>	<i>.....</i>	<i>5,014</i>
<i>Record Management by FY 2009 and FY 2010 Grantee Staff:</i>							
Events Tracking	7	500	3,500	0.03	105	15	1,575
Person Tracking	7	50	350	0.1	36	15	540
Service Use	7	50	350	0.17	59.5	15	893
Arrest History	7	50	350	0.17	59.5	15	893
<i>Sub Total</i>	<i>28</i>	<i>.....</i>	<i>4,550</i>	<i>.....</i>	<i>260</i>	<i>.....</i>	<i>3,900</i>
<i>FY 2009 and FY 2010 Grantees:</i>							
Interview and Tracking data submission	7	12	48	0.17	8	25	200
<i>Overall Total ..</i>	<i>815</i>	<i>.....</i>	<i>5,378</i>	<i>.....</i>	<i>960</i>	<i>.....</i>	<i>9,114</i>

ANNUALIZED REPORTING BURDEN

Data collection activity	Annualized number of respondents	Annualized total responses	Annualized total hour burden
Baseline (at enrollment)	378	378	243
6 months	302	302	278
12 months	283	283	260
Events Tracking	10	5,000	150
Person Tracking	10	500	36
Service Use	10	500	85
Arrest History	10	500	85
Interview and Tracking Data Submission	10	48	8
<i>Total Annualized</i>	<i>1,013</i>	<i>7,511</i>	<i>1,146</i>

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 8–1099, One Choke Cherry Road, Rockville, MD 20857 OR email her a copy at summer.king@samhsa.hhs.gov. Written comments should be received within 60 days of this notice.

Summer King,
Statistician.

[FR Doc. 2012–15223 Filed 6–20–12; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

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Proposed Project: Revision of Survey of State Underage Drinking Prevention Policies and Practices—Revision

The *Sober Truth on Preventing Underage Drinking Act* (the “STOP Act”)¹ states that the “Secretary [of Health and Human Services] shall * * * annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or

reduce underage drinking.” The Secretary has delegated responsibility for this report to SAMHSA. Therefore, SAMHSA has developed a *Survey of State Underage Drinking Prevention Policies and Practices* (the “State Survey”) to provide input for an *Annual Report on State Underage Drinking Prevention and Enforcement Activities* (the “State Report”).

The STOP Act also requires the Secretary to develop “a set of measures to be used in preparing the report on best practices” and to consider categories including but not limited to the following:

Category #1: Sixteen specific underage drinking laws/regulations enacted at the State level (e.g., laws prohibiting sales to minors; laws related to minors in possession of alcohol);

Category #2: Enforcement and educational programs to promote compliance with these laws/regulations;

Category #3: Programs targeted to youths, parents, and caregivers to deter underage drinking and the number of individuals served by these programs;

Category #4: The amount that each State invests, per youth capita, on the prevention of underage drinking broken into five categories: (a) Compliance check programs in retail outlets; (b) Checkpoints and saturation patrols that include the goal of reducing and deterring underage drinking; (c) Community-based, school-based, and higher-education-based programs to prevent underage drinking; (d) Underage drinking prevention programs that target youth within the juvenile justice and child welfare systems; and (e) Any other State efforts or programs that target underage drinking.

Congress' purpose in mandating the collection of data on State policies and programs through the *State Survey* is to provide policymakers and the public with currently unavailable but much needed information regarding State underage drinking prevention policies and programs. SAMHSA and other Federal agencies that have underage drinking prevention as part of their mandate will use the results of the *State Survey* to inform Federal programmatic priorities. The information gathered by the *State Survey* will also establish a resource for State agencies and the general public for assessing policies and programs in their own State and for becoming familiar with the programs, policies, and funding priorities of other States.

Because of the broad scope of data required by the STOP Act, SAMHSA relies on existing data sources where possible to minimize the survey burden on the States. SAMHSA uses data on

State underage drinking policies from the National Institute of Alcohol Abuse and Alcoholism's Alcohol Policy Information System (APIS), an authoritative compendium of State alcohol-related laws. The APIS data is augmented by SAMHSA with original legal research on State laws and policies addressing underage drinking to include all of the STOP Act's requested laws and regulations (Category #1 of the four categories included in the STOP Act, as described above, page 2).

The STOP Act mandates that the *State Survey* assess “best practices” and emphasize the importance of building collaborations with Federally Recognized Tribal Governments (“Tribal Governments”). It also emphasizes the importance at the Federal level of promoting interagency collaboration and to that end established the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). SAMHSA has determined that to fulfill the Congressional intent, it is critical that the *State Survey* gather information from the States regarding the best practices standards that they apply to their underage drinking programs, collaborations between States and Tribal Governments, and the development of State-level interagency collaborations similar to ICCPUD.

SAMHSA has determined that data on Categories #2, #3, and #4 mandated in the STOP Act (as listed on page 2) (enforcement and educational programs; programs targeting youth, parents, and caregivers; and State expenditures) as well as States' best practices standards, collaborations with Tribal Governments, and State-level interagency collaborations are not available from secondary sources and therefore must be collected from the States themselves. The *State Survey* is therefore necessary to fulfill the Congressional mandate found in the STOP Act.

The *State Survey* is a single document that is divided into four sections, as follows:

- (1) Enforcement of underage drinking prevention laws;
- (2) Underage drinking prevention programs, including data on State best practices standards and collaborations with Tribal Governments;
- (3) State interagency collaborations used to implement the above programs; and

- (4) Estimates of the State funds invested in the categories specified in the STOP Act (see description of Category #4, above, page 2) and descriptions of any dedicated fees, taxes or fines used to raise these funds.

The number of questions in each Section is as follows:

¹Public Law 109–422. It is assumed Congress intended to include the District of Columbia as part of the State Report.