during FY 2012, in order to secure the release of their FY 2012 allocations.

The annual estimate of burden is as follows:

Instrument: A summary of the progress on the following activities	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Accomplishments and Barriers	56	1	56	3	168
Program Goals and Objectives	56	1	56	5	280
Update on Evaluation Plan	56	1	56	5	280
Implementation in targeted at-risk communities	56	1	56	14	784
Progress on Benchmark Reporting	56	1	56	5	280
CQI efforts	56	1	56	5	280
Program Administration	56	1	56	5	280
Total	56	1	56		2352

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* or by fax to 202–395–5806. Please direct all correspondence to the ''attention of the desk officer for HRSA.''

Dated: August 6, 2012.

Wendy Ponton,

Director, Office of Management.

[FR Doc. 2012–19662 Filed 8–9–12; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Health Resources and Services Administration (HRSA) periodically 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* or call the HRSA Reports Clearance Office at (301) 443–1984.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Maternal, Infant and Early Childhood Home Visiting Program FY 2012 Competitive Grant Non-Competing Continuation Progress Reports (OMB No. 0915–xxxx)—[New]

Activity Code: D89

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (the Act). Section 2951 of the Act amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, (*http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf,* pages 216–225). The Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at risk children through evidence-based home visiting programs.

Under this program, $125 million was awarded to states on a formula basis in both fiscal years (FY) 2010 and 2011. This funding was awarded to support states in implementing their Updated State Plans. Additionally, competitive funding was awarded in June 2011 for Development Grants and Expansion Grants. Development Grants are intended to support the efforts of states and jurisdictions with modest evidence-based home visiting programs to expand the depth and scope of these efforts, with the intent to develop the infrastructure and capacity needed to seek an Expansion Grant in the future. Expansion Grants are intended to support the efforts of states and jurisdictions that had already made significant progress towards a high-quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system. Thirteen states were awarded Development Grants, and nine states were awarded Expansion Grants. These competitive grants are for 2 years (Development Grants) and 4 years (Expansion Grants), respectively. State grantees of both competitive programs will need to complete non-competing continuation (NCC) progress reports in order to secure the release of FY 2012 and out-year grant funds.

Additional funds are being made available for Development and Expansion Grants in FY 2012. Ten Expansion Grants, totaling $71.9 million, have been awarded. An additional four to eight Development Grants are anticipated to be awarded, with 2-year project periods. These Development Grant recipients will be required to complete one (1) NCC to secure the release of second-year funds. Expansion grant project periods are four (4) years for the FY 2011 Expansion Grants, and three (3) years for the FY 2012 Expansion Grants. FY 2012 Expansion Grant recipients will be required to complete three (3) annual NCCs, and FY 2013 recipients will be required to complete two (2) annual NCCs to secure the release of second, third, and fourth year funds.

The annual estimate of burden is as follows:

Instrument: A summary of the progress on the following activities	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Introduction	33	1	33	3	99
Needs Assessment	33	1	33	7	231
Methodology and Workplan	33	1	33	24	792
Resolution of Challenges	33	1	33	4	132
Evaluation and Technical Support Capacity	33	1	33	4	132

Instrument: A summary of the progress on the following activities	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Organizational Information	33	1	33	2	66
Total	33	1	33		1,452

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* or by fax to 202–395–5806. Please direct all correspondence to the ''attention of the desk officer for HRSA.''

Dated: August 6, 2012.

Wendy Ponton,

Director, Office of Management.

[FR Doc. 2012–19653 Filed 8–9–12; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Secretary's Advisory Committee on Heritable Disorders in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463, codified at 5 U.S.C. App. 2), notice is hereby given of the following meeting:

Name: Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.

Dates and Times: September 13, 2012, 8:30 a.m. to 6:00 p.m., September 14, 2012, 8:30 a.m. to 2:30 p.m.

Place: Hubert H. Humphrey Building, 200 Independence Avenue SW., Room 800, Washington, DC 20201.

Status: The meeting is open to the public, but seating will be limited by the space available. Security at the Humphrey building has requested that the public register for the meeting by September 11, 2012. See *http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders* for a link to register for the meeting. Please have a government I.D. for the meeting. For directions to the meeting, please visit *http://www.hhs.gov/about/hhhmap.html.*

Purpose: The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC), as authorized by Public Law 106–310, which added section 1111 of the Public Health Service Act, codified at 42 U.S.C. 300b–10, was established by Congress to advise the Secretary of the Department of Health and Human Services with the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. The SACHDNC's recommendations regarding additional conditions/inherited disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel (RUSP) that constitutes part of the comprehensive guidelines supported by the Health Resources and Services Administration. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg–13, non-grandfathered health plans are required to cover screenings included in the comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (i.e., policy years) beginning on or after the date that is one year from the Secretary's adoption of the screening. The SACHDNC also provides advice and recommendations concerning grants and projects authorized under section 1109 of the Public Health Service Act (42 U.S.C. 300b–8).

Agenda: The meeting will include: (1) Updates on newborn screening case definitions and newborn screening quality indicators; (2) updates from the Nomination and Prioritization Workgroup and the Condition Review Workgroup regarding the final condition review matrix, Adrenoleukodystrophy, and Pompe Disease; (3) presentations on the National Institutes for Health's Ethical, Legal, and Social Implications Research Program, HRSA-funded prenatal family history project, and the Institute of Medicine meeting summary on assessing the economics of genomic medicine; (4) reports on the continued work of the Advisory Committee's subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training; (5) workgroup reports on the second screen study, and carrier screening; and (6) CDC's Morbidity and Mortality Weekly Report on laboratory practices for genetic testing and newborn screening. Tentatively, the SACHDNC is expected to review and/or vote on the following items, none of which currently involve votes to add conditions to the RUSP: (1) Adrenoleukodystrophy—Nomination and Prioritization Report; (2) Condition Review Matrix; (3) Second Screen Study from CDC; and (4) the Morbidity and Mortality Weekly Report on Good Laboratory Practices for Biochemical Genetic Testing and Newborn Screening for Inherited Metabolic Disorder.

Proposed agenda items are subject to change as priorities dictate. The agenda, Committee Roster, Charter, presentations, and meeting materials are located at the homepage of the Advisory Committee's Web site at *http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.*

Public Comments: Members of the public can submit written comments and/or present oral comments during the public comment periods of the meeting. All comments, whether oral or written, are part of the official Committee record and will be available for public inspection and copying. Written comments should be emailed or received by Thursday, September 6, 2012 to Debi Sarkar, Maternal and Child Health Bureau, Health Resources and Services Administration, Parklawn Building, 5600 Fishers Lane, Room 18A–19, Rockville, Maryland 20857; email: *dsarkar@hrsa.gov.* Comments may also be faxed to 301–480–1312. Those individuals who want to make oral comments are required to notify Debi Sarkar via email or regular mail by 5 p.m. Eastern Daylight Time, Thursday, September 6, 2012. Notification is required in order to present oral comments, Oral comments will be heard on September 13, 2012. All written and oral comments should contain the name, address, telephone number, professional or business affiliation of the author, and topic of comment. Presentations of oral comments may be limited depending on the number of presenters. Individuals who are associated with groups having similar interests are requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted, to ensure that all individuals who provided notification to make oral comments have an opportunity to present their comments.

Contact Person: Anyone interested in obtaining other relevant information or attendees that will require special accommodations should contact Debi Sarkar, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A–19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; telephone: 301–443–1080; email: *dsarkar@hrsa.gov.* More information on the Advisory Committee is available at *http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.*

Dated: August 6, 2012.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2012–19654 Filed 8–9–12; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is