

boys and girls youth soccer players ages 14–18 playing club soccer; and (3) parents of boys and girls ages 14–18 who are club soccer players. The samples will be drawn from U.S. Youth Soccer, a national youth soccer organization with over 3 million youth players.

CDC will use an online data collection tool for a pre-season survey, followed by a brief weekly surveillance survey administered through an automated

phone system once a week for ten weeks. Respondents will receive a randomly generated identification number that will be used to complete the online and phone surveys. The database linking these identification numbers to participant data will only be available to a limited number of evaluation contractor staff.

The pre-season survey will be administered to the coaches, players, and parents, while the weekly

surveillance reports will only be completed by players and parents. Athletes who report suffering a hit with associated concussive symptoms and the parent of such an athlete will also be administered a phone interview about the athlete’s symptoms and management.

There are no costs to respondents other than their time. The total estimated annual burden hours are 2,452.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents     | Form name                  | Number of respondents | Number of responses per respondent | Average burden per response (hours) |
|-------------------------|----------------------------|-----------------------|------------------------------------|-------------------------------------|
| U.S. Youth Soccer Coach | Pre-season survey          | 180                   | 1                                  | 10/60                               |
| Parent                  | Pre-season survey          | 2,025                 | 1                                  | 10/60                               |
| Parent                  | Weekly Surveillance survey | 1,518                 | 10                                 | 3/60                                |
| Parent                  | Injury Follow-up survey    | 683                   | 1                                  | 10/60                               |
| Athlete                 | Pre-season survey          | 2,025                 | 1                                  | 10/60                               |
| Athlete                 | Weekly Surveillance survey | 1,518                 | 10                                 | 3/60                                |
| Athlete                 | Injury Follow-up survey    | 683                   | 1                                  | 10/60                               |

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
 Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**HIV/AIDS Surveillance and Service Data Analysis in the Republic of Haiti Under the President’s Emergency Plan for AIDS Relief (PEPFAR)**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** General notice; notice of expansion supplement award.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces intent to award additional expansion supplement funds to Centre pour le Développement et la Santé (CDS) Cooperative Agreement Number PS001802 in the amount of \$1,420,000.

**FOR FURTHER INFORMATION CONTACT:** Project Officer: Christen Suhr, Centers for Disease Control, Center for Global Health, Division of Global Health Protection, 3400 Port-au-Prince Place,

Washington, DC 20521–3400 Email: DZE0@cdc.gov.

**SUPPLEMENTARY INFORMATION:** The purpose of this award is to build on the existing USAID-supported maternal and child health programs in Haiti, as well as on PEPFAR- and Global Fund-supported HIV services implemented in a network of five (5) facilities to: (1) Expand and strengthen integrated counseling and testing (CT), prevention of mother to child transmission (PMTCT), palliative care, TB/HIV, and laboratory services in all of these facilities, and (2) Expand and strengthen HIV services in the TB directly observed therapy, short-course (DOTS) clinics located in the North East Department currently supported by USAID and the Global Fund.

The funds solicited will ensure continuation of ongoing projects and clinical activities to support health systems growth and transiting to government ownership and oversight in Haiti including: HIV Voluntary Testing & Counseling, Primary Prevention of HIV/AIDS and Co-Infections, Prevention of Mother-to-Child Transmission (PMTCT), Pediatric Case Finding and Treatment Services, and Integrated HIV/ TB Care & Treatment.

Initial award date 9/30/2009–9/29/2014; additional funds and time needed to carryout award 9/30/2014–9/30/2015. Project Number is CDC–RFA–PS09–917.

Dated: September 25, 2014.

**Ron A. Otten,**  
*Acting Deputy Associate Director for Science,  
 Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**HIV/AIDS Surveillance and Service Data Analysis in the Republic of Haiti Under the President’s Emergency Plan for AIDS Relief (PEPFAR)**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** General notice; notice of expansion supplement award.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces intent to award additional expansion supplement funds to National Alliance of State & Territorial AIDS Directors (NASTAD) Cooperative Agreement Number PS001842 in the amount of \$1,250,000.

**FOR FURTHER INFORMATION CONTACT:** Project Officer: Christen Suhr, Centers for Disease Control, Center for Global Health, Division of Global Health Protection, 3400 Port-au-Prince Place,

Washington, DC 20521–3400, Email: DZEO@cdc.gov.

**SUPPLEMENTARY INFORMATION:** The purpose of this award is to carry out periodic Antenatal Clinic (ANC) serosurveys in order to follow the trend of both the HIV/AIDS and syphilis epidemics among pregnant women attending these clinics in the Republic of Haiti; Perform HIV drug resistance threshold study to evaluate the extent of transmitted HIV drug resistance in sero-sentinel surveillance sites; Perform periodic triangulation of data in order to demonstrate program impact, identify areas for improvement, direct new programs and enhance existing programs as well as help direct policy changes; Perform cohort studies to capture data on key aspects of patient care and treatment in a selected number of ART sites of the PEPFAR network at baseline, 6 months, and then yearly in order to assess the performance of the ART sites regarding delivery of treatment; To assist with data analysis of PEPFAR approved studies, including monitoring and evaluation activities, on-going program assessment and public health evaluations (PHE).

During FY15, the purpose of the award is to work directly with The Haiti Ministry of Health (MSPP) to strengthen their capacity to effectively prevent HIV infections; improve care and treatment

of HIV/AIDS and co-infection; build the capacity for the local and regional collection of strategic information and its use for program management and development; and, increase the government of Haiti’s capacity to lead and manage a sustainable response to the HIV epidemic.

Initial award date 9/30/2009–9/29/2014; additional funds and time needed to carryout award 9/30/2014–9/30/2015. Project Number is CDC–RFA–PS09–981.

Dated: September 25, 2014.

**Ron A. Otten,**

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

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**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Community-Based Family Resource and Support Grants (Name changed to Child Abuse Prevention Program—OIS notified 6/2007).

*OMB No.:* 0970–0155.

*Description:* The Program Instruction, prepared in response to the enactment

of the Community-Based Grants for the Prevention of Child Abuse and Neglect (administratively known as the Community Based Child Abuse Prevention Program, (CBCAP), as set forth in Title II of Public Law 111–320, Child Abuse Prevention and Treatment Act Amendments of 2010, provides direction to the States and Territories to accomplish the purposes of (1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. This Program Instruction contains information collection requirements that are found in (Pub. L. 111–320) at sections 201; 202; 203; 205; 206; and pursuant to receiving a grant award. The information submitted will be used by the agency to ensure compliance with the statute, complete the calculation of the grant award entitlement, and provide training and technical assistance to the grantee.

*Respondents:* State Governments.

**ANNUAL BURDEN ESTIMATES**

| Instrument          | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---------------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Application .....   | 52                    | 1                                  | 40                                | 2,080              |
| Annual Report ..... | 52                    | 1                                  | 24                                | 1,248              |

*Estimated Total Annual Burden Hours:* 3,328.

**Additional Information**

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 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. Email address: *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, Email: *OIRA\_SUBMISSION@OMB.EOP.GOV*, Attn: Desk Officer for the Administration for Children and Families.

**Robert Sargis,**

*Reports Clearance Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* State Plan for Grants to States for Refugee Resettlement.

*OMB No.:* 0970–0351.

*Description:* A State Plan is required by 8 U.S.C. 1522 of the Immigration and Nationality Act (the Act) [Title IV, Sec. 412 of the Act] for each State agency requesting Federal funding for refugee resettlement under 8 U.S.C. 524 [Title IV, Sec. 414 of the Act], including Refugee Cash and Medical Assistance, Unaccompanied Minor Refugee Program, Refugee Social Services, Cuban/Haitian Entrant Program and Targeted Assistance program funding.