TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Exhibit 4 (Initial, Reconciliation and FTE Resident Assessment)	90	1	90	0.33	29.7
Total	90		90		5,962.8

Dated: April 14, 2014.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2014–09186 Filed 4–21–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than May 22, 2014.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Healthy Start Evaluation and Quality Assurance OMB No. 0915–0338—Revision

Abstract: The National Healthy Start Program, funded through the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB), has the goal of reducing disparities in infant mortality and adverse perinatal outcomes. The program began as a demonstration project with 15 grantees in 1991 and has expanded over the past 2 decades to 105 grantees serving 196 communities across 39 states. Healthy Start grantees operate in communities with rates of infant mortality at least 1.5 times the U.S. national average and high rates for other adverse perinatal outcomes. These communities are geographically, racially, ethnically, and linguistically diverse low-income areas. Healthy Start covers services during the perinatal period (before, during, after pregnancy) and follows the woman and infant through 2 years after the end of the pregnancy. The next round of funding represents a transformation of the program framework from nine service and systems core components to five approaches. The five approaches are as follows: (1) Improving women's health; (2) promoting quality services; (3) strengthening family resilience; (4) achieving collective impact; and (5) increasing accountability through quality assurance, performance monitoring, and evaluation.

MCHB seeks to implement a uniform set of data elements for monitoring and conduct a mixed-methods evaluation to assess the effectiveness of the program on individual, organizational, and community-level outcomes. Data collection instruments will include a Preconception, Pregnancy, and Parenting Information Form; National Healthy Start Program Survey; Community Action Network Survey; Healthy Start Site Visit Protocol; and Healthy Start Participant Focus Group Protocol.

Need and Proposed Use of the Information: The purpose of the data collection instruments will be to obtain consistent information across all grantees about Healthy Start and its outcomes for purposes of monitoring, and in-depth information for 15 Healthy Start communities and 15 comparison communities to support a rigorous evaluation design. The data will be used to: (1) Conduct ongoing performance monitoring of the program; (2) provide credible and rigorous evidence of program effect on outcomes; (3) assess the relative contribution of the five program approaches to individual and community-level outcomes; (4) meet program needs for accountability, programmatic decision-making, and ongoing quality assurance; and (5) strengthen the evidence-base, and identify best and promising practices for the program to support sustainability, replication, and dissemination of the program.

Likely Respondents: Respondents include pregnant women and women of reproductive age who are served by the Healthy Start program (monitoring) and sampled postpartum women from 15 unfunded organizations in comparison communities (evaluation) for the Preconception, Pregnancy, and Parenting Information Form; project directors and staff for the National Healthy Start Program Survey; representatives from partner organizations for the Community Action Network Survey; program staff, providers, and partners for the Healthy Start Site Visit Protocol; and program participants for the Healthy Start Participant Focus Group Protocol.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Preconception, Pregnancy, and Parenting Information Form	40,675	1	40,675	0.50	20,338
National Healthy Start Program Web Survey	88	1	88	2.00	176
CAN member Web Survey	225	1	225	0.75	169
Healthy Start Site Visit Protocol	15	1	15	6.00	90
Healthy Start Participant Focus Group Protocol	180	1	180	1.00	180
Total	41,183		41,183		20,953

Dated: April 15, 2014.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2014–09193 Filed 4–21–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Class Deviation From Competition Requirements for Low-Cost Extensions and Administrative Supplement Thresholds To Minimize Disruption of Services for Certain Health Center Program Service Areas.

SUMMARY: In accordance with the Awarding Agency Grants Management Manual (AAGAM) Chapter 1.03.103, the Bureau of Primary Health Care (BPHC) requests a class deviation to award low-cost extensions of up to 6 months or, when necessary, administrative supplements to minimize disruption of services for specific health center program service areas.

Per the requirements for low-cost extensions outlined in the AAGAM Chapter 2.04.104B–4A.1.a.(5)(b), these extensions may not exceed 25 percent of the approved federal direct cost budget authorized for the budget period (exclusive of the additional funding requested) or $100,000. Likewise, per the requirements for administrative supplements outlined in the AAGAM Chapter 2.04.104B–4A.4.b, these supplements may not exceed 25 percent of the approved federal direct cost budget authorized for the budget period (exclusive of the additional funding) or $250,000, whichever is less. In each case, the Health Resources and Services Administration (HRSA) is required to publish a notice in the **Federal Register** in advance of, or concurrent with, the awarding of the funds.

BPHC is requesting a class deviation to the requirements for low-cost extensions to allow HRSA to award extensions that exceed 25 percent of the approved federal direct cost budget authorized for the budget period (exclusive of the additional funding requested) and/or $100,000 in cases where the grantee would not receive future continued support under the Health Center Program. Likewise, BPHC is requesting a class deviation to the requirements for administrative supplements to allow HRSA to award supplements that exceed 25 percent of the approved federal direct cost budget authorized for the budget period (exclusive of the additional funding) and/or $250,000 in cases where the award is to a currently funded grantee located in or adjacent to the service area of a grantee that will not receive continued support under the Health Center Program. BPHC is also requesting that the deviation allow for the publication of a consolidated notice in the **Federal Register** annually that summarizes the actions taken in the prior fiscal year.

The sole purpose of these low-cost extensions or administrative supplements is to avoid a gap in the provision of critical health care services for a funded service area by providing a ''bridge'' until HRSA is able to make an award to an eligible applicant under a Service Area Competition (SAC) and/or to assure an orderly phase-out of Health Center Program activities by the current grantee.

BPHC is not requesting that this class deviation cover single source replacement awards and will continue to request single case deviations for such non-competitive actions if necessary.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Health Center Program Grantees.

Amount of Non-Competitive Awards: Variable.

Period of Supplemental Funding: Variable.

CFDA Number: 93.224, 93.527.

Authority: Section 330 of the Public Health Service Act (42 U.S.C. 254b), as amended; Public Law 111–148, the Affordable Care Act of 2010, Section 5601 and Section 10503, as amended; Public Law 111–152, Health Care and Education Reconciliation Act of 2010, Section 2303.

Justification: BPHC always conducts an open competition to identify a new Health Center Program grantee for a previously funded but now available service area; however, it generally takes up to 6 months to announce and conduct the SAC and select a new grantee for the service area.

In fiscal year 2013, BPHC awarded operational grants to support approximately 1,200 Health Center Program grantee organizations. Throughout the course of the current fiscal year, there have been 14 cases where a deviation and accompanying **Federal Register** Notice were warranted per AAGAM 2.04.104B–4A, based on the need to issue a low-cost extension or administrative supplement. Such cases occurred when a Health Center Program grant was discontinued prior to the project period end date. Discontinuations prior to the project period end date have been the result of a voluntary relinquishment of the grant award by the current grantee or an enforcement action taken by HRSA due to a grantee's material noncompliance with program requirements. The need for a low-cost extension or administrative supplement has also occurred at the end of a grantee's project period due to a lack of eligible or fundable applications for the announced service area. In all cases, the purpose for the HRSA award of the low-cost extension or administrative supplement was to avoid a gap in the provision of critical health care services for a service area by providing a ''bridge'' until HRSA was able to make an award to an eligible applicant under a SAC and to