and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 19, 2006.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.

[FR Doc. E6–22138 Filed 12–26–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment request; The Atherosclerosis Risk in Communities Study (ARIC)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995. the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection was previously published in the **Federal Register** on August 28, 2006, pages 50924–50925, and allowed 60-days for public comments. Only one comment was received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently OMB control number.

Proposed Collection: Title: The Atherosclerosis Risk in Communities Study (ARIC).

Type of Information Collection Request: Revision of a currently approved collection (OMB NO. 0925–0281.

Need and Use of Information Collection: This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women.

Frequency of Response: The participants will be contacted annually.

Affected Public: Individuals or households: Businesses or other for profit; Small businesses or organizations.

Type of Respondents: Individuals or households; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows:

Estimated Number of Respondents: 12,845;

Estimated Number of Responses per Respondent: 1.0;

Average Burden Hours per Response: 0.242; and

Estimated Total Annual Burden Hours Requested: 3,108. The annualized cost to respondents is estimated at $60,525, assuming respondents' time at the rate of $16.5 per hour for family and patient respondents, and $75 per hour for physicians. There are not Capital Costs to report. There are no Operation or Maintenance Costs to report.

ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant Follow-up	11,500	1.0	0.2500	2,875
[1] Physician, hospital, nursing home staff	945	1.0	0.1667	158
[1] Participant's next-of-kin	450	1.0	0.1667	75
Total	12,845	1.0	0.2420	3,108

[1] Annual burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact; Dr. Hanyu Ni, NIH, NHLBI, 6701 Rockledge Drive, NSC 7934, Bethesda, MD 20892-7934, or call non-toll-free number (301) 435–0448 or E-mail your request, including your address to: *nihany@nhlbi.nih.gov*.

Comments Due Date: Comments regarding this information collection are based assured of having their full effect if received within 30-days of the date of this publication.

Dated: December 20, 2006.

Peter Savage,

Acting Director, National Institutes of Health.

[FR Doc. 06–9874 Filed 12–26–06; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Addiction Technology Transfer Centers (ATTC) Network Program Monitoring (OMB No. 0930–0216)—Revision

The Substance Abuse and Mental Health Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) will continue to monitor program performance of its Addiction Technology Transfer Centers (ATTCs). The ATTCs disseminate current health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Health Care Policy and Research, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the ATTCs develop and update state-of-the-art, research-based curricula and professional development training.

Each of the forms is described below. There are no changes to any of the forms. Sixty percent of the forms are administered in person to participants at educational and training events, who complete the forms by paper and pencil. Ten percent of the training courses are online, and thus, those forms are administered online. The remaining thirty percent is made up of those 30-day follow-up forms that are distributed to consenting participants via electronic mail using an online survey tool.

Event Description: The event description form asks approximately 10 questions of the ATTC faculty/staff for each of the ATTC events. The approved form asks the event focus, format, and publications to be used in the event.

Technical Assistance and Meeting Pre-event Information: The ATTCs provide technical assistance, which is a jointly planned consultation generally involving a series of contacts between the ATTC and an outside organization/institution during which the ATTC provides expertise and gives direction toward resolving a problem or improving conditions. A meeting is an ATTC sponsored or co-sponsored event in which a group of people representing one or more agencies other than the ATTC work cooperatively on a project, problem, and/or a policy. For technical assistance and meeting events, the pre-event information form asks approximately 10 questions of each individual who participated in the event. The approved form asks the participants to report their demographic information, education, work setting, responsibilities, and training goals. Satisfaction measures after each technical assistance and meeting event and at 30-day follow-up will be collected using the CSAT Government Performance and Results Act (GPRA) Customer Satisfaction forms. The burden has been approved under OMB # 0930–0197.

Training Forms

Trainings are defined as ATTC sponsored or co-sponsored events, mainly focusing on the enhancement of knowledge and/or skills of counselors and other professionals who work with individuals with substance use disorder-related problems. The study design for trainees will include a description of each event, and a pre-post survey that collects identical information at initiation of ATTC courses/trainings, at the completion of the course/training, and again after 30 days.

Pre-Event Information Form for Training: The pre-event information form for training asks approximately 10 questions of each participant in the training. The approved form asks the participants to report demographic information, education, work setting, responsibilities, and training goals.

Post-Event Information Form for Training: The Post-Event Information Form for Training asks approximately 30 questions of each individual that participated in the training. The approved form asks the participants to report demographic information, satisfaction with the quality of the training and training materials, and to assess their level of skills in the topic area.

Followup Information Form for Training: The Followup Information Form for Training asks about 10 questions of about 25% of consenting participants. The approved form asks the participants to report demographic information, satisfaction with the quality of the training and training materials, and to assess their level of skills in the topic area.

This information will assist CSAT in documenting the numbers and types of participants in ATTC events, describing the extent to which participants report improvement in their clinical competency, and which method is most effective in disseminating knowledge to various audiences. This type of information is crucial to support CSAT in complying with GPRA reporting requirements and will inform future development of knowledge dissemination activities.

The chart below summarizes the annualized burden for this project.

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Total annual burden hours
Faculty/staff: Event Description Form	200	1	.25	50
Meeting and Technical Assistance Participants:Pre-Event Information Form	3,000	1	.08	240
Training Participants:				
Pre-Event Information Form	27,000	1	.13	3,510
Post-Event Information Form	27,000	1	.16	4,320
Followup Information	6,750	1	.16	1,080
Total	30,200	.....	.....	9,200

Written comments and recommendations concerning the proposed information collection should be sent by January 26, 2007 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–6974.

Dated: December 18, 2006.

Elaine Parry,

Acting Director, Office of Program Services.

[FR Doc. E6–22117 Filed 12–26–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Proposed Project: Cross-site Evaluation of the Garrett Lee Smith Memorial Suicide Prevention and Early Intervention Programs—New

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) will conduct the cross-site evaluation of the Garrett Lee Smith Memorial Suicide Prevention and Early Intervention State/Tribal Programs and the Garrett Lee Smith Memorial Suicide Prevention Campus Programs. The data collected through the cross-site evaluation will address four stages of program activity: (1) The context stage will assess the existing databases and availability of data sources, (2) the product stage will describe the products and services that are developed and utilized by these programs, (3) the process stage will assess the progress on key activities and milestones related to implementation of program plans, and (4) the impact stage will assess the impact of program activities on youth/students, gatekeepers, faculty/staff, and program partners within States/Tribal sites and campus sites. In addition, enhanced evaluation efforts are planned for the Tennessee Lives Count Suicide Prevention Program. The purpose of the enhanced evaluation is to expand upon self-evaluation and cross-site evaluation efforts to evaluate medium- and long-term outcomes associate with suicide prevention program activities.

There are 36 State/Tribal programs and 55 Campus programs participating in the cross-site evaluation. Data will be collected from suicide prevention program staff (project directors, evaluators), key program stakeholders (state/local officials, child-serving agency directors, gatekeepers, mental health providers, campus administrators), training participants, college students, and campus faculty/staff. Data collection for the cross-site evaluation will be conducted over a three-year period that spans FY2007 through FY2009. Because the State/Tribal grantees differ from the campus grantees in programmatic approaches, specific data collection activities also vary by type of program. The following describes the specific data collection activities and the sixteen data collection instruments to be used, followed by a summary table of number of respondents and respondent burden:

• *Existing Database Inventory (2 versions).* The Existing Database Inventory includes two versions to be administered to one respondent from (1) The 36 State/Tribal grantees and (2) the 55 Campus grantees. The Existing Database Inventory will be completed once in year one and once in year three of the cross-site evaluation by program staff. The questions included assess the availability of existing data, the integration of data systems, and the data elements that may or may not be collected in each system. The Existing Database Inventory will take approximately 30 minutes to complete and the number of existing databases within each grantee site will determine the number of items to complete. Questions on the Existing Database Inventory are open-ended and multiple choice.

• *Product and Services Inventory-State/Tribal (2 versions).* The Product and Services Inventory for State/Tribal grantees includes 2 versions. The State/Tribal grantees will complete the State/Tribal Product and Services Inventory-Baseline version once in year one of the cross-site evaluation and the State/Tribal Product and Services Inventory-Follow-up version quarterly thereafter in years two and three. The baseline version assesses the development and utilization of products and services during the first year of grant funding, and the follow-up version updates the development of products and services on a quarterly basis. These products and services may include awareness campaign products and materials; risk identification training materials and workshops; and enhanced services, including early intervention, family support, and postsuicide intervention services, as well as evidence-based programs. Both versions of the State/Tribal Product and Services Inventory will take approximately 45 minutes and the number of products and services developed and utilized within each grantee site will determine the number of items to complete. Questions on both versions of the State/Tribal Product and Services Inventory are open-ended and multiple choice.

• *Product and Services Inventory-Campus (2 versions).* The Product and Services Inventory for Campus grantees includes 2 versions. The Campus grantees will complete the Campus Product and Services Inventory-Baseline version once in year one of the cross-site evaluation and will complete the Campus Product and Services Inventory-Follow-up version quarterly thereafter in years two and three. The baseline version assesses the development and utilization of products and services during the first year of grant funding, and the follow-up version updates the development of products and services on a quarterly basis. These products and services may include awareness campaign products and materials; risk identification training materials and workshops; and enhanced services, including early intervention, family support, and postsuicide intervention services, as well as evidence-based programs. Both versions of the Campus Product and Services Inventory will take approximately 45 minutes and the number of products and services developed and utilized within each grantee site will determine the number of items to complete. Questions on both versions of the State/Tribal Product and Services Inventory are open-ended and multiple choice.

• *Referral Network Survey (1 version).* The Referral Network Survey will be administered to representatives of organizations and/or agencies involved in the referral networks that support the 36 State/Tribal suicide prevention programs. The 14 State/Tribal grantees funded in October 2005 will receive two administrations of the Referral Network Survey and the 22 State/Tribal grantees funded in June and October 2006 will receive 3 administrations. It is estimated that for each of the 36 State/Tribal referral networks, there are approximately 20 agencies/organizations involved. Therefore, assuming 2 appropriate respondents per agency/organizations and an 80% response rate, we estimated that 3,008 respondents would complete the Referral Network Survey, or 1,003 annually. The questions included on the Referral Network Survey will describe the referral networks, the agencies and organizations involved and at what level and the types of agency agreements and protocols are in place to support youth who are identified at risk for suicide. Questions on the Referral Network