FOR FURTHER INFORMATION CONTACT: For additional information contact, Bryan Rittenhouse, Office of Wastewater Management (4203M), U.S. Environmental Protection Agency, 1200 Pennsylvania Ave. NW., Washington, DC 20460; telephone number: (202) 564–0577; fax number: (202) 564–6384; email address: *rittenhouse.bryan@epa.gov.*

SUPPLEMENTARY INFORMATION:

I. General Information

The draft permit, once finalized, will replace the previous permit covering stormwater discharges from industrial facilities in EPA's Regions 1, 2, 3, 5, 6, 9, and 10 that expired September 29, 2013, and will provide coverage for industrial facilities in areas where EPA is the NPDES permitting authority in EPA's Regions 7 and 8. This draft permit is similar to the previous permit and will authorize the discharge of stormwater in accordance with the terms and conditions described therein. EPA proposes to issue this permit for five (5) years. EPA seeks comment on the draft permit and on the accompanying fact sheet.

II. Extension of Comment Period for the NPDES Draft Multi-Sector General Permit

The EPA is extending the deadline for submitting comments on the draft NPDES stormwater Multi-Sector General Permit (MSGP) to December 26, 2013. The original deadline for comments, based on a 60-day comment period, was November 26, 2013. The EPA's decision responds to a request to extend the comment deadline. The EPA believes that this 30-day extension will assist in providing an adequate amount of additional time for the public to review the action and to provide written comments.

Dated: November 25, 2013.

H. Curtis Spalding,

Regional Administrator, EPA Region 1.

Dated: November 20, 2013.

Jose C. Font,

Director, Caribbean Environmental Protection Division, EPA Region 2.

Dated: November 20, 2013.

Jon M. Capacasa,

Director, Water Protection Division, EPA Region 3.

Dated: November 19, 2013.

Tinka G. Hyde,

Director, Water Division, EPA Region 5.

Dated: November 19, 2013.

William K. Honker,

Director, Water Quality Protection Division, EPA Region 6.

Dated: November 20, 2013.

Karen Flournoy,

Director, Water, Wetlands, and Pesticides Division, EPA Region 7.

Dated: November 19, 2013.

Howard M. Cantor,

Deputy Regional Administrator, EPA Region 8.

Dated: November 19, 2013.

Jane Diamond,

Director, Water Division, EPA Region 9.

Dated: November 19, 2013.

Daniel D. Opalski,

Director, Office of Water and Watersheds, EPA Region 10.

[FR Doc. 2013–28988 Filed 12–2–13; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–14–14DF]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

Sexually Transmitted Disease Services at US Colleges and Universities: Where are we now?—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Approximately 43% of the over 30 million 18–24 year olds in the United States are currently enrolled in college or graduate school. These institutions comprise a mix of 2-year and 4-year colleges, public and private institutions, technical schools, and community colleges. In the U.S., young adulthood is the peak age group for many risk behaviors including unprotected sex. College students, who are typically at the age of most risk for acquiring a sexually transmitted disease (STD), may face challenges when seeking sexual and reproductive health care on campus.

The last national study exploring the availability of STD services in US colleges and universities (2- and 4-year) was conducted in 2001 and found that only 60% (474/736) of schools had a health center. Health centers were more common among larger schools (greater than 4,000 students) that were privately funded and 4-year universities with housing. Of the health centers provided, 66% provided STD services, 55% provided obstetrical and gynecologic care, and 54% provided contraceptive services.

National Survey of Family Growth (NSFG) data estimates that the percentage of 18- to 22-year-olds ever tested for HIV is 34.2%; and only 18% reported being tested in the past year. Although risk factors for HIV/STD transmission (e.g., sex with multiple partners, unprotected sex, and using drugs or alcohol during sexual activity) can be particularly evident among college students in general, students enrolled at colleges with significant

minority enrollment (SMEs) may face additional challenges such as greater risk of transmission during new sexual encounters due to sexual partner networks and limited access to quality healthcare and prevention education. Given this information, there is a great deal of opportunity for expanding access to care, especially among schools which are unable to offer student health services on campus. Many schools, including both 2- and 4-year schools, may find it more difficult to offer student health services because of constrained budgets or geographical location. Depending on location, some may serve a disproportionate number of students from low socio-economic backgrounds which means, in general, their students are more likely to be un- or underinsured or to be Medicaid eligible.

CDC is proposing this information collection to (1) provide an estimate of the proportion of colleges not offering health services on campus, (2) explore the reasons as to why, and (3) describe the current extent of US colleges and universities provisions of health services in regards to HIV/STD education, prevention and treatment. The information will be used to provide technical assistance to colleges and universities interested in alternative solutions for providing health care services to their students.

The list of eligible respondents comes from the Integrated Postsecondary Education Data System (IPEDS), using 2011 enrollment data. Applying our criteria to include only active, 2- or 4-year, degree granting, accredited public or not for profit private schools, that enrolled undergraduates and/or graduate students located in the 50 states and the District of Columbia our total population was 3,337 schools. From these we selected a proportionally stratified random sample of universities and colleges to survey on their provision of health services as they relate to HIV & STD education, treatment and prevention.

The stratified random sample was based on enrollment size of school and significant minority enrollment. Sample size calculation also accounted for an expected low response rate (30%) of first time, online survey participants. The total number of colleges and universities to be surveyed will be 1,150.

Enrollment size was coded based on enrollment number variables in the IPEDS dataset. Significant minority enrollment is based on two criteria: 1) Legislation that designates colleges and universities as Historically Black Colleges and Universities (HBCUs) or as Tribal Colleges and Universities (TCUs). 2) Enrollment-based criteria—Colleges and Universities that are not HBCUs or TCUs, and have at least 25% of the student body that is of an ethnic minority (American Indian or Alaska Native, Asian, Black, Hispanic, Native Hawaiian or other Pacific Islander, mixed race, or those that do not meet the 25% threshold for any one minority group, but minority students as a whole comprised at least 50% of the total student body.

CDC investigators will email an introductory letter inviting the contact person at each school to participate in the survey, noting that the questionnaire should be completed by the person with the most knowledge and access to information about health services on campus. The estimated burden per respondent is approximately 45 minutes; 5 minutes for the introductory letter and 40 minutes for the questionnaire. The questionnaire will collect information regarding various aspects of health services provided by the school. These include requirements for student health insurance, preventive services, testing and treatment of HIV and STDs, partner management, and accessibility of health services by students.

After reading and agreeing to terms outlined in the email letter, the participant will click the included link to the self-administered electronic questionnaire (via SurveyMonkey). Privacy risks are minimal. Only the name, title and contact information of the person filling out the survey will be obtained for the purpose of tracking participation and completion of questionnaires. All electronic files will be password controlled, accessible only to fully authorized personnel, and maintained and protected to the extent allowable by law. Schools will have 3 weeks to respond to the survey. Investigators will send a reminder at 1.5 weeks, 3 days prior to closeout, and then day of. This may need to be extended in order to achieve adequate power for analyses.

Once all the surveys are returned, two researchers will review and contact schools about inconsistent or invalid responses, and make corrections as needed. Basic school characteristics will be gathered from the IPEDs database on each school (e.g. institution type, funding type, size of enrollments, region, etc.). We estimate 4–5 months will be needed to complete data collection.

The total estimated time frame for the project, including administration of the survey, collection period, data analysis and writing, clearance and publication of findings is 9–12 months. The results and findings will be written for publication in a peer-reviewed journal and an aggregated, summary report will be shared with all participating schools. This data collection effort will also allow investigators to provide technical assistance to colleges and universities interested in alternative solutions for providing health care services to their students.

Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Health Services Directors or Campus Administrators.	Web-based survey	1,150	1	40/60	767
Health Services Directors or Campus Administrators.	Introductory E-mail letter	1,150	1	5/60	96
Total					863

LeRoy 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.

[FR Doc. 2013–28855 Filed 12–2–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review: Comment Request

Title: RPG National Cross-Site Evaluation and Evaluation Technical Assistance.

OMB No.: New Collection.

Description: The Children's Bureau within the Administration for Children and Families of the U.S. Department of Health and Human Services seeks approval to collect information for the Regional Partnership Grants to Increase the Well-being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse (known as the Regional Partnership Grants Program or ''RPG'') Cross-Site Evaluation and Evaluation-Related Technical Assistance project. Under RPG, the Children's Bureau has issued 17 grants to organizations such as child welfare or substance abuse treatment providers or family court systems to develop interagency collaborations and integration of programs, activities, and services designed to increase well-being, improve permanency, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in out-of-home care as a result of a parent's or caretaker's substance abuse. The Child and Family Services Improvement and Innovation Act (Pub. L. 112–34) includes a targeted grants program (section 437(f) of the Social Security Act) that directs the Secretary of Health and Human Services to reserve a specified portion of the appropriation for these Regional Partnership Grants, to be used to improve the well-being of children affected by substance abuse. The overall objective of the Cross-Site Evaluation and Technical Assistance project (the RPG Cross-Site Evaluation) is to plan, develop, and implement a rigorous national cross-site evaluation of the RPG Grant Program, provide legislatively-mandated performance measurement, and furnish evaluation-related technical assistance to the grantees in order to improve the quality and rigor of their local evaluations. The project will evaluate the programs and activities conducted through the RPG Grant Program. The evaluation is being undertaken by the Children's Bureau and its contractor Mathematica Policy Research. The evaluation is being implemented by Mathematica Policy Research and its subcontractors, Walter R. McDonald & Associates and Synergy Enterprises.

The RPG Cross-Site Evaluation will include the following components:

1. *Implementation and Partnership Study.* The RPG cross-site implementation and partnership study will contribute to building the knowledge base about effective implementation strategies by examining the process of implementation in the 17 RPG projects, with a focus on factors shown in the research literature to be associated with quality implementation of evidence-based programs. This component of the study will describe the RPG projects' target populations, selected interventions and their fit with the target populations, inputs to implementation, and actual services provided (including dosage, duration, content, adherence to curricula, and participant responsiveness). It will examine the key attributes of the regional partnerships that grantees develop (for example, partnerships among child welfare and substance abuse treatment providers, social services, and the courts). It will describe the characteristics and roles of the partner organizations, the extent of coordination and collaboration, and their potential to sustain the partnerships after the grant ends. Key data collection activities of the implementation and partnership study are: (1) Conducting site visits during which researchers will interview RPG program directors, managers, supervisors, and frontline staff who work directly with families; (2) administering a survey to frontline staff involved in providing direct services to children, adults, and families; (3) asking grantees to provide information about implementation and their partnerships as part of their federally required semi-annual progress reports; (4) obtaining service use data from grantees, enrollment date and demographics of enrollees, exit date and reason, and service participation, to be entered into a web-based system developed and operated by Mathematica Policy Research and its subcontractors; and (5) administering a survey to representatives of the partner organizations.

2. Outcomes Study. The goal of the outcomes study is to describe the changes that occur in children and families who participate in the RPG programs. This study will describe participant outcomes in five domains: (1) Child well-being, (2) family functioning/stability, (3) adult recovery from substance use, (4) child permanency, and (5) child safety. Two main types of outcome data will be used—both of which are being collected by RPG grantees: (1) Administrative child welfare and adult substance abuse treatment records and (2) standardized instruments administered to the parents and/or caregivers. The Children's Bureau is requiring grantees to obtain and report specified administrative records, and to use a prescribed set of standardized instruments. Grantees will provide these data to the Cross-Site Evaluation team twice a year by uploading them to a data system developed and operated by Mathematica Policy Research and its subcontractors.

3. Impact Study. The goal of the impact study is to assess the impact of the RPG interventions on child, adult, and family outcomes by comparing outcomes for people enrolled in RPG services to those in comparison groups, such as people who do not receive RPG services or receive only a subset of the services. The impact study will use demographic and outcome data on both program (treatment) and comparison groups from a subset of grantees with appropriate local evaluation designs such as randomized controlled trials or strong quasi-experimental designs; 7 of the 17 grantees have such designs. Site-specific impacts will be estimated for these seven grantees. Aggregated impact estimates will be created by pooling impact estimates across appropriate sites to obtain a more powerful summary of the effectiveness of RPG interventions.

In addition to conducting local evaluations and participating in the RPG Cross-Site Evaluation, the RPG grantees are legislatively required to report performance indicators aligned with their proposed program strategies and activities. A key strategy of the RPG Cross-Site Evaluation is to minimize burden on the grantees by ensuring that the cross-site evaluation, which includes all grantees in a study that collects data to report on implementation, the partnerships, and participant characteristics and outcomes, fully meets the need for performance reporting. Thus, rather than collecting separate evaluation and performance indicator data, the grantees need only participate in the cross-site evaluation. In addition, using the standardized instruments that the Children's Bureau has specified will ensure that grantees have valid and