

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response
Enrolled participant	Focus group consent	216	1	10/60
Enrolled participant	Focus group discussion	216	1	1.5
Enrolled participant	Individual in-depth interview guide consent	30	1	10/60
Enrolled participant	Individual in-depth interview guide	30	1	1.5

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-14-0895]

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

Community-based Organization Monitoring and Evaluation of Respect (OMB No.0920-0895 exp. 8/31/2014)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC began formally partnering with Community-based Organizations (CBOs) in the late 1980s to expand the reach of HIV prevention efforts. CBOs were, and continue to be, recognized as important partners in HIV prevention because of their history and credibility with target populations and their access to groups that may not be easily reached. Over time, CDC's program for HIV prevention by CBOs has grown in size, scope, and complexity to respond to changes in the epidemic, including the diffusion and implementation of Effective Behavioral Interventions (EBIs) for HIV prevention.

CDC's EBIs have been shown to be effective under controlled research environments, but there is limited data on intervention implementation and client outcomes in real-world settings (as implemented by CDC-funded CBOs). The purpose of Community-based Organization Monitoring and Evaluation of Respect (CMEP-Respect) is to: (a) Assess the fidelity of the implementation of the selected intervention at the CBO; and (b) improve the performance of CDC-funded CBOs delivering the Respect intervention by monitoring changes in clients' self-reported attitudes and beliefs regarding HIV and HIV transmission risk behaviors after participating in Respect.

CDC funded four (4) CBOs to participate in CMEP-Respect for five (5) years (September 2010-August 2015).

From September 1, 2012 through January 31, 2014, baseline surveys were conducted with 684 participants; 90-day follow up surveys were completed with 459 participants, and 180-day follow up surveys were completed with 343 participants.

CDC is requesting additional time to complete follow up surveys at 90- and 180-days for participants completing the intervention on or before August 31, 2014. Following their participation in the Respect intervention, participants will complete an 18 minute, self administered, computer based interview at two follow-up time points (90- and 180-days following the Respect intervention) to assess their HIV-related attitudes and behavioral risks. CBOs will be expected to retain 80% of these participants at both follow-up time points.

Throughout the project, funded CBOs will be responsible for managing the daily procedures of CMEP-Respect to ensure that all required activities are performed, all deadlines are met, and quality assurance plans, policies and procedures are upheld. CBOs will be responsible for participating in all CDC-sponsored grantee meetings related to CMEP-Respect.

Findings from this project will be primarily used by the participating CBOs. The CBOs may use the findings to: (a) Better understand if the outcomes are different across demographic and behavioral risk groups as well as agency and program model characteristics; and (b) improve the future implementation, management, and quality of Respect. CDC and other organizations interested in behavioral outcome monitoring of Respect or similar HIV prevention interventions can also benefit from lessons learned through this project.

In this request, CDC is requesting approval for approximately 200 burden hours. There is no cost to respondents except for their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
General Population	90-day Follow-up Survey	320	1	18/60	96
CMEP-Respect grantees	90-day SDN Submission	4	12	5/60	4
General population	180-day Follow-up Survey	320	1	18/60	96
CMEP-Respect grantees	180-day SDN Submission	4	12	5/60	4
Total	200

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 Prevention.*

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[60 Day-14-0006]

**Proposed Data Collections Submitted
 for Public Comment and
 Recommendations**

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Proposed Project

Statements in Support of Application of Waiver of Inadmissibility (OMB No. 0920-0006, Expiration 9/30/2014)—Extension—National Center for

Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 212(a)(1) of the Immigration and Nationality Act states that aliens with specific health related conditions are ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the consular office considering the application for visa. CDC uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the U.S. Citizenship and Immigration Services when terms, conditions and controls imposed by waiver are not met.

CDC is requesting approval from the Office of Management and Budget (OMB) to collect this data (approximately 100 burden hours) for another three years.

There are no costs to respondents except their time to complete the application.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Physician	CDC 4.422-1	200	1	10/60	33
Physician	CDC 4.422-1a	200	1	20/60	67
Total	100

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