

Leroy A. Richardson,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-16-0984;Docket No. CDC-2016-
 0025]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease
 Control and Prevention (CDC), as part of
 its continuing efforts to reduce public
 burden and maximize the utility of
 government information, invites the
 general public and other Federal
 agencies to take this opportunity to
 comment on proposed and/or
 continuing information collections, as
 required by the Paperwork Reduction
 Act of 1995. This notice invites
 comment on a proposed information
 collection entitled "DELTA FOCUS
 Program Evaluation." CDC will use the
 information collected to improve the
 national DELTA FOCUS program, and
 to develop strategy interactions to help
 the DELTA FOCUS program meet the
 requirements of the Funding
 Opportunity Announcement.

DATES: Written comments must be
 received on or before May 6, 2016.

ADDRESSES: You may submit comments,
 identified by Docket No. CDC-2016-
 0025 by any of the following methods:

Federal eRulemaking Portal:
Regulation.gov. Follow the instructions
 for submitting comments.

Mail: Leroy A. Richardson,
 Information Collection Review Office,
 Centers for Disease Control and
 Prevention, 1600 Clifton Road NE., MS-
 D74, Atlanta, Georgia 30329.

Instructions: All submissions received
 must include the agency name and
 Docket Number. All relevant comments
 received will be posted without change
 to Regulations.gov, including any
 personal information provided. For
 access to the docket to read background
 documents or comments received, go to
 Regulations.gov.

Please note: All public comment should be
 submitted through the Federal eRulemaking
 portal (Regulations.gov) or by U.S. mail to the
 address listed above.

FOR FURTHER INFORMATION CONTACT: To
 request more information on the
 proposed project or to obtain a copy of
 the information collection plan and
 instruments, contact the Information
 Collection Review Office, Centers for
 Disease Control and Prevention, 1600
 Clifton Road NE., MS-D74, Atlanta,
 Georgia 30329; phone: 404-639-7570;
 Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the
 Paperwork Reduction Act of 1995 (PRA)
 (44 U.S.C. 3501-3520), Federal agencies
 must obtain approval from the Office of
 Management and Budget (OMB) for each
 collection of information they conduct
 or sponsor. In addition, the PRA also
 requires Federal agencies to provide a
 60-day notice in the **Federal Register**
 concerning each proposed collection of
 information, including each new
 proposed collection, each proposed
 extension of existing collection of
 information, and each reinstatement of
 previously approved information
 collection before submitting the
 collection to OMB for approval. To
 comply with this requirement, we are
 publishing this notice of a proposed
 data collection as described below.

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; (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; and (e) estimates of capital
 or start-up costs and costs of operation,
 maintenance, and purchase of services
 to provide information. Burden means
 the total time, effort, or financial
 resources expended by persons to
 generate, maintain, retain, disclose or
 provide information to or for a Federal
 agency. 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.

Proposed Project

DELTA FOCUS Program Evaluation—
 Reinstatement with change—National
 Center for Injury Prevention and Control
 (NCIPC), Centers for Disease Control
 and Prevention (CDC).

Background and Brief Description

Intimate Partner Violence (IPV) is a
 serious, preventable public health
 problem that affects millions of
 Americans and results in serious
 consequences for victims, families, and
 communities. IPV occurs between two
 people in a close relationship. The term
 "intimate partner" describes physical,
 sexual, or psychological harm by a
 current or former partner or spouse. IPV
 can impact health in many ways,
 including long-term health problems,
 emotional impacts, and links to negative
 health behaviors. IPV exists along a
 continuum from a single episode of
 violence to ongoing battering; many
 victims do not report IPV to police,
 friends, or family.

The purpose of the DELTA FOCUS
 (Domestic Violence Prevention
 Enhancement and Leadership Through
 Alliances, Focusing on Outcomes for
 Communities United with States)
 program is to promote the prevention of
 IPV through the implementation and
 evaluation of strategies that create a
 foundation for the development of
 practice-based evidence. By
 emphasizing primary prevention, this
 program will support comprehensive
 and coordinated approaches to IPV
 prevention. Each State Domestic
 Violence Coalition (SDVC) is required to
 identify and fund one to two well-
 organized, broad-based, active local
 coalitions (referred to as coordinated
 community responses or CCRs) that are
 already engaging in, or are at capacity to
 engage in, IPV primary prevention
 strategies affecting the structural
 determinants of health at the societal
 and/or community levels of the social
 ecological model. SDVCs must facilitate
 and support local-level implementation
 and hire empowerment evaluators to
 support the evaluation of IPV
 prevention strategies by the CCRs.
 SDVCs must also implement and with
 their empowerment evaluators, evaluate
 state-level IPV prevention strategies.

CDC seeks a one-year OMB approval
 to collect information electronically
 from awardees, their CCRs and their
 empowerment evaluators. Information
 will be collected using the DELTA
 FOCUS Program Evaluation Survey
 (referred to as DF Survey). The DF

survey will collect information about SDVCs satisfaction with CDC efforts to support them; process, program and strategy implementation factors that affect their ability to meet the

requirements of the Funding Opportunity Announcement; prevention knowledge and use of the public health approach; and sustainability of prevention activities and successes.

Participation in the information collection is required as a condition of funding. 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	Average burden per response (in hours)	Total burden (in hours)
State Domestic Violence Coalition Executive Director.	DELTA FOCUS Survey	10	1	1	10
State Domestic Violence Coalition Project Coordinator.	DELTA FOCUS Survey	20	1	1	20
Coordinated Community Response Project Coordinator.	DELTA FOCUS Survey	19	1	1	19
State Domestic Violence Coalition Empowerment Evaluator.	DELTA FOCUS Survey	10	1	1	10
Total	59

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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

[30Day-16-15BEZ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and

clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to *omb@cdc.gov*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through Practice and Implementation Centers and National Partnerships—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center on Birth Defects and Developmental Disabilities seeks to collect training evaluation data from healthcare practitioners and staff in health systems where FASD-related practice and systems changes are implemented, and from grantees of Practice and Implementation Centers and national partner organizations

related to prevention, identification, and treatment of fetal alcohol spectrum disorders (FASDs).

Prenatal exposure to alcohol is a leading preventable cause of birth defects and developmental disabilities. The term “fetal alcohol spectrum disorders” describes the full continuum of effects that can occur in an individual exposed to alcohol in utero. These effects include physical, mental, behavioral, and learning disabilities. All of these have lifelong implications.

The purpose of this program is to expand previous efforts from FASD training programs and shift the perspective from individual training for practicing healthcare professionals to one that capitalizes on prevention opportunities and the ability to impact health care practice at the systems level.

Since 2002, CDC funded FASD Regional Training Centers (RTCs) to provide education and training to healthcare professionals and students about FASD prevention, identification, and treatment. In July 2013, CDC convened an expert review panel to evaluate the effectiveness of the RTC program overall and to make recommendations about the program.

The panel highlighted several accomplishments of the RTCs and proposed several changes for future programming: (1) The panel identified a need for more comprehensive coverage nationally with discipline-specific trainings, increased use of technology, greater collaboration with medical societies, and stronger linkages with national partner organizations to increase the reach of training opportunities, and (2) The panel suggested that the training centers focus on demonstrable practice change and