

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Safety/health Mine Representative .....	Mine Manager Recruitment Script .....	8	1	5/60
Safety/health Mine Manager .....	HSMS Interview/Focus Group Protocol .....	34	1	55/60

**Leroy A. 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**

[60Day-15-15AUK: Docket No. CDC-2015-0058]

**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 *Monitoring and  
Reporting System for the Prescription  
Drug Overdose Prevention for States  
Cooperative Agreement*. CDC will use  
the information collected to monitor  
cooperative agreement awardees and to  
identify challenges to program  
implementation and achievement of  
outcomes.

**DATES:** Written comments must be  
received on or before September 28,  
2015.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2015-  
0058 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**

Monitoring and Reporting System for  
the Prescription Drug Overdose  
Prevention for States Cooperative  
agreement—New—National Center for  
Injury Prevention and Control (NCIPC),  
Centers for Disease Control and  
Prevention (CDC).

*Background and Brief Description*

Drug overdose is the leading cause of  
injury death in the United States.  
Opioid-prescribing behaviors are  
associated with an increased risk for  
morbidity and mortality. While opioid  
pain relievers can play an important  
role in the management of some types  
of pain, the overprescribing of these  
powerful drugs has fueled a national  
epidemic of prescription drug abuse and  
overdose. To reverse this complex  
epidemic and prevent future overdose,  
abuse, and misuse, the Centers for  
Disease Control and Prevention (CDC)  
provides support to states to improve  
surveillance. Support and guidance for  
these programs have been provided  
through cooperative agreement funding  
and technical assistance administered  
by CDC's National Center for Injury  
Prevention and Control (NCIPC).

The goal of this ICR is to collect information from awardees funded under the Prescription Drug Overdose Prevention for States (CDC-RFA-CE15-1501) cooperative agreement, for program monitoring and improvement among funded state health departments.

Information to be collected will provide crucial data for program performance monitoring and budget tracking, and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Awardees will report progress and activity information to CDC on an annual schedule using an Excel-based fillable electronic templates, pre-populated to the extent possible by CDC

staff, to be submitted via Grant Solutions. Each awardee will submit an Annual reporting Progress Report Tool. The estimated burden per response is 4 hours for each Annual reporting Progress Report Tool. In addition, each awardee will submit an Annual reporting Evaluation Plan Tool. The estimated burden per response is 3 hours for each Annual reporting Evaluation Plan Tool.

In Year 1, each awardee will have additional burden related to initial collection of the reporting tools. Initial Collection Annual Progress Report Tool is estimated to be 20 hours per response, Initial population of the tools is a one-time activity which is annualized over the 3 years of the information collection request. After completing the initial population of the tools, pertinent

information only needs to be updated for each annual report. The same instruments will be used for all information collection and reporting.

CDC will use the information collected to monitor each awardee's progress and to identify facilitators and challenges to program implementation and achievement of outcomes. Monitoring allows CDC to determine whether an awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures.

OMB approval is requested for three years. 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 and Territorial Health Department Program Awardees.	Initial Collection Annual Progress Report Tool.	16	1	20	320
	Annual reporting—Progress Report Tool.	16	1	4	64
	Annual reporting Evaluation Plan Tool.	16	1	4	64
Total .....	.....	.....	.....	.....	448

**Leroy A. 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**

[30Day-15-15UJ]

**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*. Written comments and/or suggestions regarding

the items contained in this notice should be directed 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**

Examining How Local Health Departments Can Leverage Age-Friendly Cities Initiatives to Build Resilience in Elderly Populations—New—Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Despite considerable progress in efforts to define and build community resilience (CR), critical gaps remain in addressing the needs of older adults (age 60+), which is expected to rise to 25% by 2050. Age Friendly Initiatives (AFIs), including Senior Villages (SV) represent a promising strategy for U.S. communities and cities to support older adults aging in place, and could potentially build CR. However, few AFIs have wholly incorporated the critical element of emergency preparedness and