

Director, National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 20, 2009, pages 7908–7909 and allowed 60 days for public comment. No public comments were received. 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 valid OMB control number.

Proposed Collection: Title: A Process Evaluation of the NIH Director’s New

Innovator Award (NIA) Program. *Type of Information Collection Request:* New collection. *Need and Use of Information Collection:* This study will assess the NIA Program operations and the outputs of the identification, evaluation and selection process. The primary objectives of the study are to: (1) Assess the NIA award selection process; (2) determine if the program was implemented as planned; and (3) determine if the process was conducted in accordance with the overall mission of the NIA program. The findings will provide valuable information concerning: (1) The characteristics of applicants and reviewers; (2) the criteria used to evaluate and select awardees; and (3) aspects of the process that could be revised or improved.

Frequency of Response: Once. *Affected Public:* None. *Type of Respondents:* Applicants, Reviewers. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. *Estimated Number of Respondents:* 662; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* .28 (15 minutes for applicants and 30 minutes for Extramural Reviewers), and *Estimated Total Annual Burden Hours Requested:* 188.5 and the annualized cost to respondents is estimated at \$12,199.72. Table 1 and Table 2 respectively present data concerning the burden hours and cost burdens for this data collection.

TABLE 1—ANNUALIZED ESTIMATE OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time for response (hr)	Total hour burden *
Applicants	570	1	.25	142.5
Extramural Reviewers	92	1	.50	46
Total	662	1	.28	188.5

* Total Burden = N Respondents * Response Frequency * (minutes to complete/60).

TABLE 2—ANNUALIZED COST TO RESPONDENTS

Type of respondents	Number of respondents	Response frequency	Approx. hourly wage rate	Total respondent cost **
Applicants	570	1	\$64.72	\$9,226.60
Extramural Reviewers	92	1	64.72	2977.12
Total	662	1	64.72	12,199.72

**Total Respondent Cost = Total Hour Burden * Hourly Wage Rate.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) 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) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to 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 (OIRA). All comments should be sent via e-mail to *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974. Attention: Desk Office for NIH. To request more information on the project or to obtain a copy of the data collection plans and instruments contact G. Stephane Philogene, PhD, Assistant Director for Policy and Planning, Office of Behavioral and Social Sciences Research, National Institutes of Health, 31 Center Drive, Building 31, Room B2–B37, Bethesda, MD 20892, or call non-toll-free number 301–402–3902 or e-mail your request, including your address, to: *philoges@od.nih.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if

received within 30 days of the date of this publication.

Dated: May 13, 2009.

G. Stephane Philogene,
*Assistant Director for Policy and Planning,
 Office of Behavioral and Social Sciences
 Research, National Institutes of Health.*
 [FR Doc. E9–11817 Filed 5–20–09; 8:45 am]
BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–09AK]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and

Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Audience Analysis for Environmental Health Issues—New—National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The health effects associated with climate change include injuries and fatalities related to severe weather events and heat waves, infectious diseases related to changes in vector biology, water and food contamination, and respiratory illness due to increased allergen production. Despite these potentially devastating public health consequences, few in the general public

connect climate change with health effects. In general, the majority of Americans associate climate change with nonhuman impacts and environmental problems rather than health effects. They are more likely to be concerned about climate change impacts on plant and animal extinctions rather than on human health. Thus, it is not surprising that few in the general public are well prepared to deal with climate change health effects. The Centers for Disease Control and Prevention (CDC) is interested in developing communication materials to increase the public's awareness and knowledge, and prepare for the potential health effects associated with climate change. To this end, focus groups will be conducted with members of a local California community to understand motivations and factors influencing target audience's decision process. There will also be an emphasis on the health effects, framing devices, and channels that might be most effective for disseminating public health messages and having them motivate the intended audiences. With that in hand it will be possible to identify the most valuable information

and optimal strategies for communicating with target audiences.

Focus groups will be conducted with the residents of Santa Rosa, California. During phase one, three exploratory focus groups will be conducted to develop messaging strategies. Results from the exploratory focus groups will be used in the development of preliminary messaging strategies and draft materials. This material will be tested with the target audience during the second phase of research. The second phase will include three materials testing focus groups to determine which materials and messages are most attractive and compelling in terms of educating the public about health effects and promoting preparedness behaviors. Participants will be recruited via standard focus group recruitment methods. Most will come from an existing database (or list) of potential participants maintained by the focus group facility or recruited through local newspapers. There is no cost to respondents.

The total estimated annual burden hours are 117.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Recruitment screener	108	1	5/60
Exploratory Focus Groups	27	1	2
Materials Testing Focus Groups	27	1	2

Dated: May 15, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9-11894 Filed 5-20-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09-0134]

Agency Forms Undergoing Paperwork Reduction Act Review

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Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Foreign Quarantine Regulations (42 CFR 71) (OMB Control No. 0920-0134)—Extension—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 301 of the Public Health Service Act (PHSA) (42 U.S.C. 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases into the United States. Legislation and

existing regulations governing the foreign quarantine activities (42 CFR 71) authorize quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances, persons, and shipments of animals and etiologic agents entering the United States from foreign ports in order to protect the public's health.

Under the foreign quarantine regulations, the master of a ship or captain of an airplane entering the United States from a foreign port is required by public health law to report certain illnesses among passengers (42 CFR 71.21(b)). In addition to the aforementioned list of illnesses which must be reported to CDC, the master of a ship or captain of an airplane must also report (1) Hemorrhagic Fever Syndrome (persistent fever accompanied by abnormal bleeding from any site); or (2) acute respiratory syndrome (severe cough or severe respiratory disease of less than 3 weeks in duration); or (3) acute onset of fever