

hours estimated for this ICR are summarized in the table below.

## TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of application form	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Form 1A: General Information Worksheet .....	1,700	1	1,700	2.0	3,400
Form 1B: BPHC Funding Request Summary .....	400	1	400	1.0	400
Form 1C: Documents on File .....	650	1	650	1.0	650
Form 2: Staffing Profile .....	1,600	1	1,600	2.0	3,200
Form 3: Income Analysis .....	1,600	1	1,600	3.0	4,800
Form 4: Community Characteristics .....	650	1	650	1.0	650
Form 5A: Services Provided .....	1,600	1	1,600	1.0	1,600
Form 5B: Service Sites .....	1,600	1	1,600	1.0	1,600
Form 5C: Other Activities/Locations .....	1,600	1	1,600	0.5	800
Form 6A: Current Board Member Characteristics .....	1,600	1	1,600	1.0	1,600
Form 6B: Request for Waiver of Governance Requirements .....	150	1	150	1.0	150
Form 8: Health Center Agreements .....	250	1	250	1.0	250
Form 9: Need for Assistance Worksheet .....	650	1	650	5.0	3,250
Form 10: Annual Emergency Preparedness Report .....	1,600	1	1,600	1.0	1,600
Form 12: Organization Contacts .....	1,600	1	1,600	0.5	800
Clinical Performance Measures .....	1,600	1	1,600	2	3,200
Financial Performance Measures .....	1,600	1	1,600	1	1,600
Checklist for Adding a New Service Delivery Site .....	700	1	700	2.0	1,400
Checklist for Deleting Existing Service Delivery Site .....	700	1	700	2.0	1,400
Checklist for Adding New Service .....	700	1	700	2.0	1,400
Checklist for Deleting Existing Service .....	700	1	700	2.0	1,400
Checklist for Replacing Existing Service Delivery Site .....	700	1	700	2.0	1,400
Proposal Cover Page .....	400	1	400	1.0	400
Project Cover Page .....	400	1	400	1.0	400
Equipment List .....	400	1	400	1.0	400
Other Requirements for Sites .....	400	1	400	0.5	200
Checklist for Adding a New Target Population .....	50	1	50	1.0	50
Increased Demand for Services .....	1,200	1	1,200	1	1,200
Funding Sources .....	400	1	400	0.5	200
Project Qualification Criteria .....	400	1	400	1.0	400
Implementation Plan .....	400	1	400	3.0	1,200
Project Work Plan .....	100	1	100	4.0	400
Verification Checklist .....	200	1	200	0.5	100
EHR Readiness Checklist .....	50	1	50	0.5	25
Look Alike Budget .....	100	1	100	1.0	100
O&E Supplemental .....	1,200	1	1,200	1.0	1,200
O&E Progress Report .....	1,200	1	1,200	1.0	1,200
<b>Total</b> .....	<b>30,850</b>	<b>.....</b>	<b>30,850</b>	<b>.....</b>	<b>44,025</b>

Dated: July 3, 2013.

**Bahar Niakan,**

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-16604 Filed 7-9-13; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities; Proposed Collection; Public Comment Request

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this Information Collection Request must be received within 60 days of this notice.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA

Information Collection Clearance Officer, Room 10-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference.

**Information Collection Request Title:  
The Division of Independent Review  
Grant Reviewer Recruitment Form**

OMB No. 0915-0295 Revision

*Abstract:* HRSA's Division of Independent Review (DIR) is responsible for administering the review of eligible grant applications submitted to HRSA. DIR ensures that the objective review process is independent, efficient, effective, economical, and complies with the applicable statutes, regulations, and policies. Applications are reviewed by subject experts knowledgeable in health and public health disciplines for which support is requested. Review findings are advisory to HRSA programs responsible for making award decisions.

This announcement is a request for comments on the proposed information collection system, the Reviewer Recruitment Module (RRM). HRSA utilizes an existing web-based data collection form and database to gather critical reviewer information. The existing on-line *Grant Reviewer Recruitment Form* uses standardized categories of information in drop down menu format for data such as: Degree, specialty, occupation, work setting, and in select instances affiliations with organizations and institutions that serve special populations. Some program regulations require that application objective review panels contain consumers of health services. Other demographic data may be voluntarily provided by a potential reviewer. Defined data elements help HRSA find and select expert grant reviewers for objective review committees. The web-based system also permits reviewers to access and update their information at will and as needed. HRSA maintains a roster of approximately 9,000 qualified individuals who have actively served on HRSA objective review committees. The updated RRM simplifies reviewer

application entry using: A user-friendly Graphical User Interface (GUI) with fewer data drop down menu choices, and a search engine that supports key word queries in the actual resume text. The RRM will be 508 compliant and accessible by the general public via a link on the HRSA internet site, or by keying the RRM URL into their browser. The RRM will be accessible using any of the commonly used internet browsers.

*Need and Proposed Use of the Information:* HRSA currently utilizes a web-based data collection *Grant Reviewer Recruitment Form* to collect information from individuals who wish to volunteer as objective review committee participants for the agency's discretionary and competitive grant or cooperative agreement funding opportunities. The RRM will replace the original with a revised web-based application that is easier and much less burdensome to use for potential reviewers. RRM will also provide HRSA with more robust, efficient, and effective search and communication functionality with which to identify and contact qualified potential grant reviewers. The RRM will have an enhanced search and reporting capability to help DIR ensure that HRSA's reviewer pool has the necessary skills and diversity to meet our ever-evolving need for qualified reviewers. If DIR identifies either an expertise or demographic that is underrepresented in the RRM pool, DIR can recruit specifically to address those needs. Expertise is always the primary determinant in selecting potential reviewers for any specific grant review; no reviewer is required to provide demographic information to join the reviewer pool or be selected as a reviewer for any competition.

*Likely Respondents:* All HRSA reviewers must possess the technical

skill and ability to access the internet on a secure desktop laptop, or touch pad, and either a land line or VOIP capability in order to participate in HRSA objective review committees. The reviewer expertise and experience needed varies with each competitive grant program but is consistent with the HRSA mission to address the availability and delivery of quality health care to all Americans. Generally, our reviewers are current or retired professionals with backgrounds in health care; health service delivery; education and career development in relevant professions; and health center facilities' financing, planning, construction, and management. Certain HRSA programs require by legislation the inclusion of consumers of specific health care services in the objective review committee. In these instances consumers of those specified services are qualified per se to be considered for certain objective reviews.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. 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. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

Total Estimated Annualized burden hours:

Form name	Number of respondents	Responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
New reviewer .....	5,000	1	5,000	.333	1,665
Updating reviewer information .....	250	1	250	.166	42
<b>Total .....</b>	<b>5,250</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>1,707</b>

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques

or other forms of information technology to minimize the information collection burden.

Dated: July 3, 2013.

**Bahar Niakan,**  
*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-16602 Filed 7-9-13; 8:45 am]

**BILLING CODE 4165-15-P**