

## ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
<b>Survey of States</b>				
Stage 1: State Survey .....	51	1	0.333333	17.0
Stage 2: Interview State TANF Director with Diversion Program .....	35	1	1.0	35.0
Stage 3: Interview State TANF Director without Diversion Program .....	16	1	0.3	4.8
Stage 4: Interview Local TANF Administrator .....	30	1	1.0	30.0
<b>Site Visit Protocols</b>				
Administrator .....	6	1	1.5	9.0
Supervisor .....	12	1	1.0	12.0
Line Staff .....	18	1	1.0	18.0
Partner Organization .....	12	1	1.0	12.0
Observation .....	12	1	.....	.....
Estimated Total Annual Burden Hours: .....	.....	.....	.....	137.8

**Additional Information:** Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

**OMB Comment:** OMB is required to make a decision concerning the collection of information between 30 and 60 days after the publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: February 7, 2007.

**Robert Sargis,**

Reports Clearance Officer.

[FR Doc. 07-632 Filed 2-12-07; 8:45 am]

BILLING CODE 4184-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of request for nominations.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is requesting nominations to fill eight (8) vacancies on the Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children.

**Authority:** Section 1111 of the PHS Act, 42 U.S.C. 300b-10. The Committee is governed by the provisions of Public Law 92-463, as amended (5 U.S.C. App. 2), and 41 CFR Part 102-3, which sets forth standards for the formation and use of advisory committees.

**DATES:** The agency must receive nominations on or before March 15, 2007.

**ADDRESSES:** All nominations are to be submitted to Michele A. Lloyd-Puryear, M.D., Ph.D., Designated Federal Official and Executive Secretary, Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children, and Chief, Genetic Services Branch, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A-19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Nominations will not be accepted by e-mail or facsimile.

**FOR FURTHER INFORMATION CONTACT:** Ms. Jill F. Shuger, Genetic Services Branch, Maternal and Child Health Bureau, HRSA, at [jshuger@hrsa.gov](mailto:jshuger@hrsa.gov) or (301) 443-1080. A copy of the Committee Charter and list of the current membership can be obtained by contacting Ms. Shuger or by accessing the Advisory Committee Web site at <http://mchb.hrsa.gov/programs/genetics/committee>.

**SUPPLEMENTARY INFORMATION:** Title XXVI of the Children's Health Act of 2000, "Screening for Heritable Disorders,"

established a program to improve the ability of States to provide newborn and child screening for heritable disorders. Title XXVI enacts three sections of the Public Health Service (PHS) Act: Sections 1109, 1110, and 1111. The Secretary of Health and Human Services (HHS) is directed under section 1111 of the PHS Act to establish an Advisory Committee on Heritable Disorders in Newborns and Children (Committee). HHS has expanded the Committee to include genetic diseases and has renamed the Committee accordingly.

The Committee is established to advise and guide the Secretary regarding the most appropriate application of universal newborn screening tests, technologies, policies, guidelines and programs for effectively reducing morbidity and mortality in newborns and children having or at risk for heritable disorders. In addition, the Committee provides advice and recommendations to the Secretary concerning the grants and projects authorized under section 1109 and technical information to develop policies and priorities for this Program that will enhance the ability of the State and local health agencies to provide for newborn and child screening, counseling and health care services for newborns and children having or at risk for heritable disorders.

Specifically, HRSA is requesting nominations for eight voting members to serve on the Committee. Members shall be selected from medical, technical, public health or scientific professionals with special expertise in the field of heritable disorders or in providing screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders and from members of the public having

special expertise about or concern with heritable disorders.

The individuals selected for appointment to the Committee can be invited to serve for overlapping terms of up to 4 years. However, any member appointed to fill a vacancy of an unexpired term shall be appointed for the remainder of such term. Members may serve after the expiration of their term until their successors have taken office. Terms of more than 2 years are contingent upon the renewal of the Committee by appropriate action prior to its expiration. Members who are not Federal employees will receive a stipend for each day they are engaged in the performance of their duties as members of the Committee. Members shall receive per diem and travel expenses as authorized by Section 5 U.S.C. 5703 for persons employed intermittently in Government service. Members who are officers or employees of the United States Government shall not receive compensation for service on the Committee. Nominees will be invited to serve beginning from September 30, 2007.

To allow the Secretary to choose from a highly qualified list of potential candidates, more than one nomination is requested per open position. Nominations should be typewritten. The following information should be included in the package of material submitted for each individual being nominated for consideration: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.*, specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee and appears to have no conflict of interest that would preclude the Committee membership—potential candidates will be asked to provide detailed information concerning consultancies, research grants, or contracts to permit evaluation of possible sources of conflicts of interest; (2) the nominator's name, address, and daytime telephone number, and the home/or work address, telephone number, and e-mail address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. Please submit nominations no later than March 15, 2007.

To the extent practicable, members of the Committee should have expertise in dealing with heritable disorders and genetic diseases that affect the racial and ethnic and geographical diversity of newborns served by the State newborn screening programs. The Department of Health and Human Services will ensure

that the membership of the Committee reflects an equitable geographical and gender distribution, provided that the effectiveness of the Committee would not be impaired. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, and cultural, religious, or socioeconomic status.

Dated: February 6, 2007.

**Elizabeth M. Duke,**

*Administrator.*

[FR Doc. E7-2362 Filed 2-12-07; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Poison Control Centers Stabilization and Enhancement Program

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

**ACTION:** Notice; request for public comment.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is seeking comments from the public on its plan to institute a permanent deviation from a policy in the Department of Health and Human Services (HHS), Grants Policy Directive (GPD) 3.01 governing indirect cost recovery for one of its grant programs. The GPD states "HHS considers activities conducted by grantees that result in indirect charges a necessary and appropriate part of HHS grants, and HHS awarding offices must reimburse their share of these costs." Although HRSA typically reimburses grantees for their full share of administrative overhead represented in approved indirect cost rates (which can be up to 50 percent), the agency believes, in the case of its Poison Control Program, that full recovery of overhead expenditures would be detrimental to the poison control centers (PCCs) funded under the program because of the financial instability of PCCs. The purpose of the HRSA Poison Control Centers Stabilization and Enhancement Grant Program is to assist PCCs in achieving financial stability, preventing poisonings and providing treatment recommendations for poisonings. Limiting indirect costs is necessary because many PCCs are located within institutions such as universities and hospitals that have established indirect cost rates in the range of 30 to 50 percent. It is in the best interest of PCCs to limit the indirect cost recovery to 10

percent, leaving 90 percent of the grant funds to achieve the objectives of the grant program. This limitation would be applicable to all awardees of the Poison Control Center Stabilization and Enhancement Grant Programs.

**DATES:** If you wish to comment on any portion of this notice, HRSA must receive comments by March 15, 2007.

**ADDRESSES:** You may submit comments by any of the following methods:

- *E-mail:* [lroche@hrsa.gov](mailto:lroche@hrsa.gov). Include "Poison Control Stabilization and Enhancement Program" in the subject line of the message.

- *Mail:* Lori Roche, Division of Healthcare Preparedness, Healthcare Systems Bureau, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13-103, Rockville, MD 20857.

- *Hand Delivery/Courier:* Lori Roche, Division of Healthcare Preparedness, Healthcare Systems Bureau, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13-103, Rockville, MD 20857.

*Docket:* For access to the docket to read background documents or comments received, go to the Division of Healthcare Preparedness, Healthcare Systems Bureau, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13-103, Rockville, Maryland, 20857, weekdays between the hours of 8:30 a.m. and 5 p.m. To schedule an appointment to view public comments, phone (301) 443-0652.

**FOR FURTHER INFORMATION CONTACT:** Lori Roche, at the above address, telephone number 301-443-0652.

**SUPPLEMENTARY INFORMATION:** The Health Resources and Services Administration's (HRSA) Poison Control Program (PCP) was established in February 2000 under the Poison Center Enhancement and Awareness Act, Pub. L. 106-174. The program was reauthorized in 2003 under the Poison Control Center Enhancement and Awareness Act, Amendments of 2003, Pub. L. 108-194. This Act authorizes funding to maintain the national toll-free number; establish a nationwide media campaign to promote poison control center (PCC) utilization; maintain the PCC grant program; develop standardized poison prevention and poison control promotion programs; develop standard patient management guidelines for commonly encountered toxic exposures; improve and expand the poison control data collection activities; improve national toxic exposure surveillance by enhancing activities at the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease