

businesses, regulators, and other organizations. The annual reporting burden is as follows:

## FY 2007

Customer	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Clinical Center Patients .....	5000	1	.5	2500
Family Members of Patients .....	2000	1	.5	1000
Visitors to the Clinical Center .....	1000	1	.17	170
Clinical Center Employees .....	2500	1	.25	625
NIH Investigators .....	2000	1	.25	625
NIH Intramural Collaborators .....	2000	1	.17	340
Vendors and Collaborating Commercial Enterprises .....	2500	1	.33	833
Professionals and Organizations Referring Patients .....	2000	1	.33	833
Regulators .....	30	1	.33	10
Volunteers .....	275	1	.5	138
<b>Total</b> .....	<b>19,305</b>	.....	.....	<b>7074</b>

Estimated costs to the respondents consists of their time; time is estimated using a rate of \$10.00 per hour for patients and the public; \$30.00 for vendors, regulators, organizations and \$55.00 for health care professionals. The estimated annual costs to respondents for FY 2007 for which the generic clearance is requested is \$159,250. Estimated Capital Costs are \$7,000. Estimated Operating and Maintenance costs are \$73,000.

**Requests 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 functions of the Clinical Center and the agency, including whether the information shall 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 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, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection

plans and instruments, contact: Dr. David K. Henderson, Deputy Director for Clinical Care, National Institutes of Health Clinical Center, Building 10, Room 6-1480, 10 Center Drive, Bethesda, Maryland 20892, or call non-toll free: 301-496-3515, or e-mail your request or comments, including your address to: [dkh@nih.gov](mailto:dkh@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: July 18, 2007.

**David K. Henderson,**

*Deputy Director for Clinical Care, CC, National Institutes of Health.*

[FR Doc. E7-14364 Filed 7-24-07; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Proposed Collection; Comment Request; NICHD Research Partner Satisfaction Surveys

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute of Child Health and Human Development (NICHD), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**Proposed Collection: Title:** NICHD Research Partner Satisfaction Surveys.  
**Type of Information Collection Request:** RENEWAL of OMB Clearance 0925-0532. **Need and Use of Information**

**Collection:** Executive Order 12862 directs agencies that provide significant services directly to the public to survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services. With this submission, the National Institute of Child Health and Human Development (NICHD), Office of Science Policy, Analysis and Communication (OSPAC), seeks to obtain OMB's generic approval to conduct customer satisfaction surveys surrounding its research programs and activities.

The NICHD was founded in 1963. Its mission is to ensure, through research, the birth of healthy infants and the opportunity for each to reach full potential in adulthood, unimpaired by physical or mental disabilities. The NICHD conducts and supports research on the many factors that protect and enhance the processes of human growth and development. The developmental focus of the NICHD means that its research portfolio is unusually broad. NICHD programs include research on infant mortality, birth defects, learning disorders, developmental disabilities, vaccine development, and demographic and behavioral sciences, among others.

In addition to supporting laboratory research, clinical trials, and epidemiological studies that explore health processes, the NICHD disseminates information that emanates from its research programs to its customers, or those who are partners with the Institute. This includes scientists, practitioners, other health professionals, and the public.

Survey information will augment the NICHD's on-going efforts to assess their research funding mechanisms, activities, and programs, as well as the information products that are used to disseminate research findings. Primary

objectives are: (1) To identify opportunities and barriers to achieving scientific aims; (2) to learn about emerging scientific opportunities and unmet public health needs; (3) to measure customer satisfaction with information products; and (4) to identify strengths and weaknesses of the NICHD's program operations. The OSPAC will use the survey results to better respond to its customers, including its various partners in research, and to improve the NICHD's research programs and activities. Findings will help to: (1) Formulate strategies to help enhance research

opportunities and remove barriers; (2) target the NICHD's research programs and activities to take advantage of emerging scientific opportunities and meet public health needs related to its mission; (3) develop information products tailored to the NICHD audience; and (4) improve program planning, management, and operations. *Frequency of Response:* Annual [As needed on an on-going and concurrent basis]. *Affected Public:* Members of the public, researchers, practitioners, and other health professionals. *Type of Respondents:* Members of the public; eligible grant applicants and actual

applicants (both successful and unsuccessful); clinicians and other health professionals; and actual or potential clinical trials participants. The annual reporting burden is as follows: *Estimated Number of Respondents:* 28,000; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* Varies with survey type, see below; and *Estimated Total Annual Burden Hours Requested:* 5,883. The annualized cost to respondents is estimated at: \$109,541.46. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Web-based .....	24,000	1	0.167	4,008.00
Telephone .....	2,000	1	0.50	1,000.00
Paper .....	1,500	1	0.25	375.00
In-person .....	500	1	1.00	500.00
Total .....	28,000	.....	.....	5,883.00

*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.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project, contact Paul L. Johnson, NIH NICHD Office of Science Policy, Analysis and Communication (OSPAC), 9000 Rockville Pike, Bldg. 31, Rm. 2A-18, Bethesda, Maryland 20892-2425, or call non-toll-free at 301-402-3213. You may also e-mail your request to [pjohnson@mail.nih.gov](mailto:pjohnson@mail.nih.gov).

*Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: July 19, 2007.  
**Paul L. Johnson,**  
*Project Clearance Liaison, NICHD, National Institutes of Health.*  
 [FR Doc. E7-14366 Filed 7-24-07; 8:45 am]  
**BILLING CODE 4140-01-P**

**DEPARTMENT OF HOMELAND SECURITY**

**Federal Emergency Management Agency**

[FEMA-1699-DR]

**Kansas; Amendment No. 11 to Notice of a Major Disaster Declaration**

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

**SUMMARY:** This notice amends the notice of a major disaster for the State of Kansas (FEMA-1699-DR), dated May 6, 2007, and related determinations.

**EFFECTIVE DATE:** July 13, 2007.

**FOR FURTHER INFORMATION CONTACT:** Peggy Miller, Disaster Assistance Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that the incident period for this declared disaster is now May 4, 2007, through June 1, 2007.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030,

Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individuals and Households Housing; 97.049, Individuals and Households Disaster Housing Operations; 97.050, Individuals and Households Program—Other Needs; 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program.)

**R. David Paulison,**  
*Administrator, Federal Emergency Management Agency.*

[FR Doc. E7-14342 Filed 7-24-07; 8:45 am]

**BILLING CODE 9110-10-P**

**DEPARTMENT OF HOMELAND SECURITY**

**Federal Emergency Management Agency**

[FEMA-1711-DR]

**Kansas; Amendment No. 2 to Notice of a Major Disaster Declaration**

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

**SUMMARY:** This notice amends the notice of a major disaster declaration for the State of Kansas (FEMA-1711-DR), dated July 2, 2007, and related determinations.

**EFFECTIVE DATE:** July 13, 2007.