Federal Communications Commission.

Marlene H. Dortch,

Secretary.

[FR Doc. E8–14133 Filed 6–20–08; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than July 8, 2008.

A. Federal Reserve Bank of Atlanta (Steve Foley, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. William E. Arnold, John M. Hubbard, Kellee S. Whitehurst, Betty W. Arnold, and William E. Arnold, as Trustee of the Betty W. Arnold Revocable Trust, all of Williston, Florida, to acquire voting shares of Williston Holding Company, and thereby indirectly acquire voting shares of Perkins State Bank, both of Willston, Florida.

Board of Governors of the Federal Reserve System, June 18, 2008.

Margaret McCloskey Shanks,

Associate Secretary of the Board.

[FR Doc. E8–14085 Filed 6–20–08; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Secretary's Advisory Committee on Human Research Protections

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act, U.S.C. Appendix 2, notice is hereby given that the Secretary's Advisory Committee on Human Research Protections (SACHRP) will hold its sixteenth meeting. The meeting will be open to the public.

DATES: The meeting will be held on Tuesday, July 15, 2008, from 8:30 a.m. until 4:30 p.m. and Wednesday, July 16, 2008, from 8:30 a.m. until 4:30 p.m.

ADDRESSES: The Sheraton National Hotel, 900 South Orme Street, Arlington, Virginia 22204. Phone: 703–521–1900.

FOR FURTHER INFORMATION CONTACT: Ivor Pritchard, PhD, Acting Director, Office for Human Research Protections, or Julia Gorey, J.D., Acting Executive Director, SACHRP; U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, Maryland 20852; 240–453–6900; fax: 240–453–6909; E-mail address: *sachrp@osophs.dhhs.gov.*

SUPPLEMENTARY INFORMATION: Under the authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, SACHRP was established to provide expert advice and recommendations to the Secretary of Health and Human Services and the Assistant Secretary for Health on issues and topics pertaining to or associated with the protection of human research subjects.

On July 15, 2008, SACHRP will receive and discuss a report from the Subcommittee on Inclusion of Individuals with Impaired Decision-Making in Research. The Subcommittee on Inclusion of Individuals with Impaired Decision-Making in Research is charged with developing recommendations for consideration by SACHRP about whether guidance and/or additional regulations are needed for research involving individuals with impaired decision-making capacity. This subcommittee was formed as a result of discussions during the July 31–August 1, 2006 SACHRP meeting. In addition, an invited panel will discuss ethical issues associated with tissue repositories and biological specimens, including questions surrounding community consent, appropriateness and validity of consent for unspecified uses, and appropriate waiver of consent.

On July 16, 2008, the Committee will receive and discuss a report from the Subpart A Subcommittee. The Subpart A Subcommittee is charged with developing recommendations for consideration by SACHRP about the application of Subpart A of 45 CFR part 46 in the current research environment. This subcommittee was established by SACHRP at its October 4–5, 2006 meeting. In addition, SACHRP members will make brief presentations on the problems and issues they see with the present Human Subjects Protection System, followed by a period of discussion.

Public attendance at the meeting is limited to space available. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact persons. Members of the public will have the opportunity to provide comments on both days of the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed materials distributed to SACHRP members for this scheduled meeting should submit materials to the Acting Executive Director, SACHRP, prior to the close of business Monday, June 30, 2008. Information about SACHRP and the draft meeting agenda will be posted on the SACHRP Web site at: *http://www.hhs.gov/ohrp/sachrp/index.html.*

Dated: June 16, 2008.

Ivor A. Pritchard,

Acting Director, Office for Human Research ProtectionsActing Executive Secretary, Secretary's Advisory Committee on Human Research Protections.

[FR Doc. E8–14035 Filed 6–20–08; 8:45 am]

BILLING CODE 4150–36–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–0706]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

National Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is responsible for administering and monitoring the National Program of Cancer Registries (NPCR). The NPCR provides technical assistance and funding and sets program standards to assure that complete local, state, regional, and national cancer incidence data are available for national and state cancer control and prevention activities and health planning activities. As of 2008, CDC supports 49 population-based central cancer registries (CCR) in 45 states, two territories, the District of Columbia, and the Pacific Islands. The National Cancer Institute supports the operations of CCRs in the five remaining states.

Cancer registries currently submit information about registry operations to CDC on an annual basis via a secure, web-based Annual Program Evaluation Instrument (APEI) (OMB 0920–0706, exp. 12/31/2008). During the next OMB approval period, CDC proposes to change the data collection frequency from annual to every other year, with data collection occurring only in odd-numbered years. This change will reduce burden to respondents. The project title and the instrument will be revised to reflect the change in data collection frequency (from National Program of Cancer Registries Annual Program Evaluation Instrument (NPCR–APEI) to National Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI)).

The Program Evaluation Instrument (NCPR–PEI) includes questions about the following categories of registry operations: (1) Staffing, (2) legislation, (3) administration, (4) reporting completeness, (5) data exchange, (6) data content and format, (7) data quality assurance, (8) data use, (9) collaborative relationships, (10) advanced activities, (11) ''success stories'' that summarize ways in which CCR data are used, and (12) survey feedback. Examples of information that can be obtained from various questions include, but are not limited to: (1) Number of filled full-time staff positions by position responsibility; (2) legislation protecting the confidentiality of CCR data; (3) data quality control activities; (4) data collection activities as they relate to achieving NPCR standards for data completeness; and (5) whether or not registry data are used for comprehensive cancer control programs, needs assessment/program planning, clinical studies, or incidence and mortality estimates.

The NPCR–PEI is needed in order to receive, process, evaluate, aggregate, and disseminate NPCR program information. The information is used by CDC and the NPCR-funded registries to monitor progress toward meeting established program standards, goals, and objectives; to evaluate various attributes of the registries funded by NPCR; and to respond to data inquiries made by CDC and other agencies of the federal government.

CDC requests OMB approval for a period of three years to collect information in the summer of 2009 and the summer of 2011. There are no costs to respondents except their time.

The estimated annualized burden hours are summarized in the table below.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
NPCR Grantees	33	1	1.5	50

Dated: June 13, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8–14152 Filed 6–20–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–08BE]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

Chronic Hepatitis Cohort Study (CHeCS)—New—National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Approximately 3.2 million Americans are chronically infected with hepatitis C virus and 1.25 million Americans are